No. 2
-13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

38132

State File No.

Registration District No. 201 Primary Registration District No. 5280 Registrar's No. 106

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Clay County,
(b) City or town Rural, [illegible]
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Clay County Home, [illegible]
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Weeks, (Specify whether
In this community 25 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Clay, 24
(c) City or town Winnwood Lake, 0
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. #4, 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? x years.

3. (a) PRINT FULL NAME Morgan L. Brown,
3. (b) If veteran, name war No.
3. (c) Social Security No. No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed,
6. (b) Name of husband or wife Ella E. Brown,
6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased October (Month) 15 (Day) 1862 (Year)

8. AGE: Years 79 Months 1 Days 14 If less than one day hr. min.

9. Birthplace New York, (City, town, or county) / (State or foreign country)
10. Usual occupation Retired,
11. Industry or business Builder,
FATHER
12. Name William Brown,
13. Birthplace New York, (City, town, or county) / (State or foreign country)
MOTHER
14. Maiden name Caldwell,
15. Birthplace New York, (City, town, or county) / (State or foreign country)
16. (a) Informant L. H. McArthur,
(b) Address 5538 Euclid, Kansas City, Mo.
17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 12-1-41 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery, K.C. Mo.
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) Dec. 1-41 (Date received local registrar) (b) Helen Early (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November, day 29th, year 1941 hour 9:00 minute A. M.
21. I hereby certify that I attended the deceased from Dec 16, 1940, to Nov 29, 1941, that I last saw him alive on Nov 29, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death General Arteriosclerosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Burton Matthews (M. D. or other) MD
Address Liberty Mo Date signed Dec 1 1941

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-9-41

Dr.

over Recall Dump Stars

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ..... working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 1415

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.