V. S. No. 2
DM—9-4-41
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1689

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 100

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: S.H. #2 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 mos - 2 ds. (Specify whether years, months or days)
In this community 9 months 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 11
(c) City or town Kansas City Mo. 1 (If outside city or town limits, write "RURAL")
(d) Street No. 1015 Highland Ave. 7 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Brown
3. (b) If veteran, name war no.
3. (c) Social Security No. none
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife No Information
6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased ? (Month) ? (Day) 1866 (Year)

8. AGE: Years 76 Months ? Days ? If less than one day hr. min.

9. Birthplace Mexico (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Maid.
11. Industry or business
FATHER 12. Name No information 9
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country) 9
16. (a) Informant Social Worker
(b) Address General Hosp #2, K.C. Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 31, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City, Mo.
18. (a) Signature of funeral director Watkins Bros
(b) Address 1729 Lydia K.C. Mo
19. (a) Jan 31-1942 (Date received local registrar) (b) K. J. Nestebuch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28 year 1942 hour 4 50 minute P. M.
21. I hereby certify that I attended the deceased from 4-26- 1941, to 1-28 1942 that I last saw her alive on 1-28- 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	x
Due to Arteriosclerosis & hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93d
Of autopsy

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 0
23. Signature T. F. O'Dell (M. D. or other)
Address St. Joseph Date signed 1/28/42

(Licensed Embalmer's Statement on Reverse Side)

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 Isaac J. Manlove

Licensed Embalmer No. 3994

P. O. Address 2303 Highland

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

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