

FILED AUG 12 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

2827

1. PLACE OF DEATH:

(a) Country **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **2703 Harrison**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **30 Years**
In this community **30 Years**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2703 Harrison**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) **0**
If yes, name country

3. (a) PRINT FULL NAME **Elizabeth Brown**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Maurice Brown** 6. (c) Age of husband or wife if alive **55** years

7. Birth date of deceased **Unknown**
(Month) (Day) (Year)

8. AGE: Years **58** Months **-** Days **-** If less than one day **hr. min.**

9. Birthplace **Eaton Rapids Michigan**
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business

MOTHER FATHER { 12. Name **Wilkins**
13. Birthplace **No record**
(City, town, or county) (State or foreign country)
14. Maiden name **No Record**
15. Birthplace **No record**
(City, town, or county) (State or foreign country)

16. (a) Informant **Maurice Brown**
(b) Address **2703 Harrison**

17. (a) **Burial** (b) Date thereof **July 28 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Elmwood**

18. (a) Signature of funeral director **Mrs C.L. Forster**
(b) Address **918 Brooklyn**

19. (a) **7-27-42** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **25**
year **1942** hour **7** minute **25** A.M.

21. I hereby certify that I attended the deceased from **19** to **19**
that I last saw him **alive on** **19**
and that death occurred on the date and hour stated above.

Immediate cause of death **Internal laceration of brain
dissecting aneurysm of aorta
Hemiplegia**

Due to **Cause undetermined**

Due to **30D**

Other conditions (Include pregnancy within 3 months of death)

Major findings Of operations **see above**
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **[Signature]** (M. D. or other) **0**
Address **K. C. Mo.** Date signed **7/25/42**

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

48
3
8

FEB 7 1949

DEC 8 1948

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 J. H.
....., Registered Apprentice No.
working under my personal supervision.

Signed J. H. Sargent
.....
Licensed Embalmer No. 4179
.....
P. O. Address K. C. Mo.
.....

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.