

FILED FEB 27 1943

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution **St Lukes Hosp.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1-2-43-2-8-43**
15 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Dorsa E. Brown**
(b) If veteran, name war **70**
(c) Social Security No. **496-07-5081**

4. Sex **Female**
5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
(b) Name of husband or wife **Rosa A. Brown**
(c) Age of husband or wife if alive **43** years
7. Birth date of deceased **July 17 1889**
(Month) (Day) (Year)

8. AGE: Years **53** Months **6** Days **21**
If less than one day hr. min.

9. Birthplace **mo. d.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **Cook Paint Co.**

MOTHER FATHER {
12. Name **Robert Brown**
13. Birthplace **unknown** 9
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah Swartz**
15. Birthplace **unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Rosa Brown**
(b) Address **1613 Alice St.**

17. (a) **Burial** (burial, cremation, or removal) (b) Date thereof **Feb. 11.**
(Month) (Day) (Year)

(c) Place: burial or cremation **Floral Hills**

18. (a) Signature of funeral director **Rose & Henderson**

(b) Address **15th. Jackson**

19. (a) **2-10-43** (Date received local registrar) (b) **M. M. Browne** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **48**
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City** **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **1613 Alice St.**
(If rural, give location)
(e) Citizen of foreign country? **1** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** 8 day **8** 1943
year **1943** hour **1:45** A.M. minute **M.**
21. I hereby certify that I attended the deceased from **Jan 2, 1943**
to **Feb. 8 1943**
that I last saw him alive on **Feb. 7 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cirrhosis of Liver**
Due to **124B'**
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: **Cirrhosis of Liver**
Of operations
Of autopsy
Duration **8 mos**
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 **Lawrence S. Engel** (M. D. or other) **M. D.**
Address **Plaza Med Bldg** Date signed **2-8-43**

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

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

A. E. Henderson

Licensed Embalmer No.

3657

P. O. Address

R. 6, 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.