

MAR 15 1943

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **1043**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution:
2202 Olive
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **43 years** (Specify whether
In this community **43 years** (Specify whether
years, months or days)

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. **2202 Olive** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

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

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

4. Sex **Fe** 5. Color or race **3 Col** 6. (a) Single, widowed, married, divorced **2 Widowed**
6. (b) Name of husband or wife **Erasmus Brown** 6. (c) Age of husband or wife if alive **16** years
7. Birth date of deceased **February 16, 1870**
(Month) (Day) (Year)

8. AGE: Years **73** Months **0** Days **6** If less than one day
hr. min.

9. Birthplace **Booneville Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business **Robert Humphrey**

12. Name **Robert Humphrey**
13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Rosa**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Wilbur Brown**
(b) Address **2202 Olive**

17. (a) **burial** (b) Date thereof **21, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Hughland Cem**

18. (a) Signature of funeral director **Starkins Bros**
(b) Address **1729 Lydia, K. C., Mo.**

19. (a) **3-1-43** (b) **M. M. Corone**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **22nd**
year **1943** hour **9** minute **10 P.M.**

21. I hereby certify that I attended the deceased from **12-3-** 19**42** to **2-22-** 19**43**
that I last saw h. **ev.** alive on **2-22-** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**
Due to **935**

Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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 **L. J. Marsh** (D. or other)
Address **2204 Transit** Date signed **2-24-43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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

Jerome Maulon

Licensed Embalmer No. *3994*

P. O. Address *2503 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.