S. No. 2
DM—5-42
ev. 5-17-39
X32

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9000

FILED MAR 25 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1273

19

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Wheatly Provident Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community 3 days.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~Jackson~~

(c) City or town ~~Kansas City~~ Harrisonville
(If outside city or town limits, write "RURAL")

(d) Street No. ~~Lake Avenue~~
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lulu Brown

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Female

5. Color or race Col

6. (a) Single, married, widowed, divorced married

6. (b) Name of husband or wife Harry L. Brown

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Unk (Month) (Day) 1867 (Year)

8. AGE: Years 55 Months ? Days ? If less than one day hr. min.

9. Birthplace Harrisonville, (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Sam Hicks

13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER 14. Maiden name Fannie--

15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Harry Brown

(b) Address Harrisonville, Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 3/15/43 (Month) (Day) (Year)

(c) Place: burial or cremation Harrisonville, Mo.

18. (a) Signature of funeral director Hakine Bros

(b) Address 1729 Lydia

19. (a) 3-15-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 13 year 1943 hour minute P. M.

21. I hereby certify that I attended the deceased from 3-11-43 to 3-13 1943 that I last saw h[illegible] alive on 3-13 — 1943 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to Pneumonia

Due to Hemorrhagic Pancreatitis

Other conditions
(Include pregnancy within 3 months of death) 128

Major findings:
Of operations no

Of autopsy no

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 J. E. Montgomery (M. D. or other)

Address Professional Bldg. Date signed

361 (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 Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 2523 Hyland

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.