

S. No. 2  
1-5-42  
5-17-39  
1 X3287

State File No. ....

Registrar's No. 1885

FILED MAY 6 1943 149  
Registration District No. ....

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Paul Hosp.  
(If not in hospital or institution, write street number & location)  
(d) Length of stay: In hospital or institution 15 days  
(Specify whether  
In this community Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 8  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3008 E. 20th Terr  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME

Raymond Brown

3. (b) If veteran, name war

No

3. (c) Social Security No.

499-07-1517

4. Sex M 5. Color or Race W  
6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife Vera D. Brown  
6. (c) Age of husband or wife if alive 26 years  
7. Birth date of deceased July - 14 - 1904  
(Month) (Day) (Year)

8. AGE: Years 38 Months 9 Days 4  
If less than one day hr. min.

9. Birthplace: (City, town, or county) St. Louis  
(State or foreign country)

10. Usual occupation Machine repair

11. Industry or business Similar

12. Name Robert Brown

13. Birthplace: (City, town, or county) St. Louis  
(State or foreign country)

14. Maiden name Josephine Higgins

15. Birthplace: (City, town, or county) St. Louis  
(State or foreign country)

16. (a) Informant Miss June Brown

(b) Address 3008 E. 20th Terr

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Rose & Hudson

(b) Address 15th & Jackson

19. (a) 4-21-43 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18th  
year 1943 hour 10 minute 31 M.  
21. I hereby certify that I attended the deceased from September  
1943, to April 18, 1943;  
that I last saw him alive on April 18, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure 1 week  
Due to Pachy cardia (pericardial) 1 week  
Due to Upper respiratory infection  
Other conditions (include pregnancy within 3 months of death) 93E

Duration  
Underline the cause to which death should be charged statistically.

PHYSICIAN  
Major findings: Of operations  
Of autopsy

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) none  
(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 E. O. King (M. D. or other)  
Address 1306 Bryant Blvd Date signed 4-20-43

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

MOTHER FATHER

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**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 *John B. Camp*  
Licensed Embalmer No. *2955*  
P. O. Address *H. C. Md*

**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.**