S. No. 2
M—9-4-41
5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16835

Registration District No. 149 — FILED JUN 7 1943

Primary Registration District No. 1002.

Registrar's No. 2115

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

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: General Hospital No. 2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4-10-43-4-15-43 (Specify whether years, months or days)

In this community unknown.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1316 Michigan 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME WALTER BROWN

3. (b) If veteran, name war no

3. (c) Social Security No. none.

4. Sex male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Alice Brown

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

7. Birth date of deceased August (Month) 5 (Day) 1903 (Year)

8. AGE:

Years	Months	Days	If less than one day
39	8	10	hr. min.

9. Birthplace Crowley (City, town, or county) Louisiana 1 (State or foreign country)

10. Usual occupation janitor

11. Industry or business Business

FATHER
12. Name Louis Brown
13. Birthplace Carcanro (City, town, or county) Louisiana 1 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) " 4 (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-43 (Month) (Day) (Year)

(c) Place: burial or cremation Leeds

18. (a) Signature of funeral director Wm A Lohmeyer

(b) Address City Mortician

19. (a) 5-7-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1943 hour 10:30 minute a. M.

21. I hereby certify that I attended the deceased from April 10, 1943 to April 15, 1943 that I last saw him alive on April 15, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Caseous Pneumonia

Due to 13 B'

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 G. O. Pierce (M. D. ~~or other~~)

Address Gen. Hosp. #2-600 E 22 Date signed 4-22-43

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.