

FILED JUN 30 1943
Registration District No. **49**

Primary Registration District No. **1002**

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:
4524 Chestnut Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. **37 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. **4524 Chestnut Avenue**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Mrs. Sprinkle Brown**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Female**

5. Color or face **White**

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

6. (b) Name of husband or wife **Alexander Brown**

6. (c) Age of husband or wife if alive **68** years

7. Birth date of deceased **May 10 1884**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
59	1	3	hr. min.

9. Birthplace **Crawfordsville Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **At Home**

MOTHER FATHER

12. Name **Daneth Harlow**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Ed. Charles Brown**

(b) Address **4524 Chestnut**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **6-15-43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Mount Moriah Cemetery**

18. (a) Signature of funeral director **J. H. Frankmeier**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **6-15-43** (Date received local registrar)

(b) **Dep. T. E. Brown** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **13**
year **1943** hour **7** minute **00 A.M.**

21. I hereby certify that I attended the deceased from **June 13 1943** to **June 13 1943**
that I last saw her alive on **June 13, 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Thromboses**

Due to **MI**

Due to **Chronic myocarditis**

Other conditions **Chronic myocarditis**
(Include pregnancy within 3 months of death)

Major findings: Of operations **None**

Of autopsy **None**

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? _____

23. Signature **J. M. Frankmeier** (Specify type of place) _____
Address **906 Grand Avenue** (City or town) (County) (State)

Date signed **6-19-43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Revised

*4-1
has been revised 4/28*

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. C. Newcomer Jr.*
Licensed Embalmer No. *40430*
P. O. Address..... *A. C. No.*

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.