

S. No. 2
M-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 19 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37181
Registrar's No. 4564

Registration District No. 149 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:
Wheatley Provident Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10/16 to 10/25
(Specify whether years, months or days) 23 Years

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. 1043 Paseo Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GRACE VIVAN BROWN

3. (b) If veteran, name war None 3. (c) Social Security No. 488-22-0343

4. Sex Female 5. Color or Race Negro 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 20, 1913
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
30 4 5 hr. min.

9. Birthplace Horton, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Elevator Operator

11. Industry or business _____

MOTHER FATHER

12. Name Ernest Brown

13. Birthplace Holton, Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Clara Ross

15. Birthplace Nealy, Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest Brown
(b) Address 1043 Paseo Blvd.

17. (a) Burial (b) Date thereof 10/28/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cem. Hickman Bros

18. (a) Signature of funeral director Hickman Bros
(b) Address 1729 Lydia Ave.

19. (a) 10-28-43 (b) W. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct., day 25, Monday
year 1943 hour 6:45 P. M.

21. I hereby certify that I attended the deceased from Aug 25
1943 to Oct 25 1943;
that I last saw her alive on Oct 25 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pneumonia (Tuberculosis) Duration 48 hrs.

Due to thrombotic thrombocytopenic purpura

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

Major findings:
Of operations _____
Of autopsy _____

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?

While at work? _____ (Specify type of place)
(e) Means of injury 0

23. Signature Dr. H. E. Brown (M. D. certifies)
Address 2734 wing Date signed Oct 26

J. A. Hibbler

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. *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.