

0-2  
2-13  
7-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAY 23 1944**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

16939

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1996

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:  
116 East 70th Street /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 45 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
3

(c) City or town Kansas City 8  
(If outside city or town limits, write "RURAL")

(d) Street No. 116 East 70th Street  
(If rural, give location)

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

3. (a) PRINT FULL NAME Guy Brown

3. (b) If veteran, name war No

3. (c) Social Security No. 486-05-724

4. Sex Male 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased: June 24 1893  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

DATE OF DEATH: Month May day 7  
year 1944 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 15, to May 7, 1944  
that I last saw him alive on 7/2/44, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

8. AGE: Years 50 Months 10 Days 13  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Salesman

11. Industry or business \_\_\_\_\_

Immediate cause of death: Hypostatic (hobn) pneumonia Duration  
2 days

Due to Hodgskins' Disease 3 yrs.

Due to \_\_\_\_\_

Other conditions: Chronic Hepatitis  
(Include pregnancy within 3 months of death)

MOTHER FATHER {

12. Name Edward G. Brown

13. Birthplace New York New York  
(City, town, or county) (State or foreign country)

14. Maiden name Jennie Gould

15. Birthplace Cincinnati Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pearl Brown

(b) Address 116 East 70th Street

17. (a) Burial (b) Date thereof May 9, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Moriah Freeman Mortuary

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address Kansas City, Missouri

19. (a) 5-8-44 (b) T. E. Brown  
(Date received local registrar) (Registrar's signature)

Major findings: Splenomegaly PHYSICIAN  
Of operations Histories from 1940 Underline the cause to which death should be charged statistically.

Of autopsy \_\_\_\_\_ 448

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 Edmund Keller (M. D. or other) seen  
Address 1010 Ridgeway Bldg Date signed 7/1/44

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

**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.....

*Elmer C. Wedelin*

Licensed Embalmer No. *3491*

P. O. Address. *H. C. Mo*

**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.**