

No. 2
9-4-41
-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20496

State File No.

FILED JUL 8 1944

Registration District No.

Primary Registration District No. 1002

Registrar's No. 2644

1. PLACE OF DEATH:

(a) County: Jackson
(b) City or town: Kansas City
(c) Name of hospital or institution: 811 East Armour Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 65 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 811 East Armour Blvd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Mrs Alice B. Brown
(b) If veteran, name war: ----
(c) Social Security No.: None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June 22nd
Year: 1944 hour: 6.15 A.M. minute: M.

4. Sex: Female
5. Color or race: white
6. (a) Single, widowed, married, divorced, widow: 2 divorced widow
6. (b) Name of husband or wife: William Brown
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: August 9, 1849
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1942 to June 22, 1944
that I last saw her alive on June 22, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years: 94 Months: 10 Days: 13
If less than one day hr. min.

Immediate cause of death: Senility

9. Birthplace: Platte City, Mo.
(City, town, or county) (State or foreign country)

Due to: 99:2
Due to: Arthritis - Anemia

10. Usual occupation: At Home

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

MOTHER FATHER

11. Industry or business:

12. Name: No record
13. Birthplace: City, town, or county (State or foreign country)
14. Maiden name: City, town, or county (State or foreign country)
15. Birthplace: City, town, or county (State or foreign country)

Major findings: Of operations: Of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

16. (a) Informant: Mrs Sally Marshall
(b) Address: 811 East Armour Blvd.

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?

17. (a) Removal: (Burial, cremation, or removal)
(b) Date thereof: June 24, 1944
(Month) (Day) (Year)
(c) Place: burial or cremation: Woodlawn Cemetery, Indep, Mo.

18. (a) Signature of funeral director: Mrs. S. W. Kirk Funeral Home
(b) Address: 4316 Troost Ave.

23. Signature: M.D.
Address: 2045 Broadway KC Mo. Date signed: 6-22-44

19. (a) 6-24-44 (b) M.C. Brown
(Date received local registrar) (Registrar's signature)

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.....

Joseph J. Zwick

Licensed Embalmer No.....

3775
A. C. M.

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.