No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 22 1944

Registration District No. 199

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 20497

Registrar's No. 2372

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: K. C. General Hospital No. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days 0 (Specify whether years, months or days) In this community 4 days

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No.: 5602 E. 28 Terr. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country: 0

3. (a) PRINT FULL NAME: Fred Brown

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Mollie

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

7. Birth date of deceased: Dec (Month) 14 (Day) 1896 (Year)

8. AGE: Years 47 Months 5 Days 17 If less than one day ___ hr. ___ min.

9. Birthplace: (City, town, or county) 0 (State or foreign country) Mo

10. Usual occupation: Retired

11. Industry or business:

FATHER
12. Name: W T Brown
13. Birthplace: (City, town, or county) Emma (State or foreign country) Mo 0

MOTHER
14. Maiden name: Janie
15. Birthplace: (City, town, or county) (State or foreign country) Mo 0

16. (a) Informant: Regina Clark

(b) Address: 1 E 9th St Kcmo

17. (a) Burial: (Burial, cremation, or removal) (b) Date thereof: 6-5-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Wadsworth Lee

18. (a) Signature of funeral director: Gray Mortuary

(b) Address: Linwood & Olive

19. (a) 6-3-44 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1944 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from May 28, 1944, to June 1, 1944, that I last saw him alive on June 1, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Acute myocardial dilatation and pulmonary infarction — Duration

Due to: 1/12

Due to:

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

Major findings: Of operations:

Of autopsy: None

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: 0

23. Signature: A. E. Walker (M.D.) M.D.

Address: Med. Dir. Gen'l Hosp. Date signed: 6-2-44

(Licensed Embalmer's Statement on Reverse Side)

APR 30 1945

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: Roy E. Snow

Licensed Embalmer No. 2560

P. O. Address KC 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.