V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1944

Registration District No. 199

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23612

Primary Registration District No. 1002

Registrar's No. 3142

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~~: RESEARCH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 4 WEEKS (Specify whether
In this community 8 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48 0

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

(d) Street No. NOLAND & GEORGE ROAD RR #4 - INDEPENDENCE MO.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country --

3. (a) PRINT FULL NAME DR. WILLIAM COLFAX BROWNELL

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 WIDOWED

6. (b) Name of ~~husband or~~ wife MRS. MADGE S. BROWNELL

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

7. Birth date of deceased FEBRUARY (Month) 4 (Day) 1867 (Year)

8. AGE: Years 77 | Months 5 | Days 26 | If less than one day ___ hr. ___ min.

9. Birthplace UNKNOWN (City, town, or county) LOUISIANA (State or foreign country)

10. Usual occupation RETIRED - 4 YEARS

11. Industry or business PHYSICIAN

FATHER
12. Name GALON F. BROWNELL
13. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

16. (a) Informant MR. E. G. STARRETT

(b) Address NOLAND & GEORGE ROAD - RR #4 - INDEP. MO.

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof AUGUST 2 1944 (Month) (Day) (Year)

(c) Place: ~~burial or~~ cremation D. W. NEWCOMER'S SONS

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 - BRUSH CREEK BLVD.

19. (a) 8-1-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30TH year 1944 hour 12 minute 5 P.M.

21. I hereby certify that I attended the deceased from April 15 1944, 19__, to July 30, 1944, that I last saw him alive on July 29, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Toxic Myocarditis	1 mo
Due to Carcinoma of Urinary Bladder	6 mo
Due to Diabetes Mellitus	1 mo
Other conditions Kidney Abscess Spleenic Abscess (Include pregnancy within 3 months of death)	3 wks

Major findings:
Of operations 52 N

Of autopsy Carcinoma of Urinary Bladder
Cystic Degeneration of Pancreas

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

23. Signature Douglas A Jackson (M. D. ~~or other~~)

Address 1019 Prof. Bldg K.C. MO. Date signed 7-31-44

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Licensed Embalmer No. 1940

P. O. Address 1401 Brush Creek

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.