

FILED OCT 9 1944  
1949

Primary Registration District No. 1002

Registrar's No. 3903

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 11 days  
(Specify whether  
In this community 4 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 8  
(d) Street No. 15 E. 30 St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ (1)

3. (a) PRINT FULL NAME

Bedford Brown

3. (b) If veteran, name war Mo

3. (c) Social Security No. Mo

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27  
year 1944 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept. 16, 1944, to Sept. 27, 1944;  
that I last saw him alive on Sept. 27, 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death Senile dementia;  
Previous cerebro-vascular  
thrombosis; aspiration pneumonia

Duration

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased April 1 1854  
(Month) (Day) (Year)

8. AGE: Years 90 Months 5 Days 26 hr. \_\_\_\_\_ min. \_\_\_\_\_  
If less than one day

9. Birthplace Burlingame, Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation millinery Business

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

12. Name William Brown

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

14. Maiden name Elizabeth Unknown

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

16. (a) Informant Mrs. May E. Maddox

(b) Address 15 E. 30 St. Kansas City Mo

17. (a) Burial (b) Date thereof 9/29/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Louisburg, Mo

18. (a) Signature of funeral director Edward B. Ryan

(b) Address Louisburg, Mo

19. (a) 9-28-44 (b) W. E. Brown  
(Date received local registrar) (Registrar's signature)

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

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

Other conditions (Include pregnancy within 3 months of death) 83a

Major findings: Of operations \_\_\_\_\_

Of autopsy See above

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 \_\_\_\_\_

23. Signature U. E. Walker (M. B. or other) 9-28-44

Address Med. Dir. Gen'l Hosp. Date signed \_\_\_\_\_

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

MOTHER FATHER

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**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 Hurdyn Roe  
Licensed Embalmer No. 7810  
P.O. Address K. C. Me

**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.**