

Registration District No. 149

Primary Registration District No. 1002

Registrars No. 3972

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: Joseph Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 9-25-44
In this community 13 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 47
(c) City or town Kansas City, Indep. 4
(If outside city or town limits, write "RURAL")
(d) Street No. 10235 Independence Avenue, 4
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X 1

3. (a) PRINT FULL NAME Mrs. Goldie Marie Brown

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ralph L. Brown 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased December 11 1902
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 9 22 2 hr. min.

9. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation at home,

11. Industry or business X

MOTHER FATHER
12. Name A. A. Hagerty
13. Birthplace Illinois, 1
(City, town, or county) (State or foreign country)
14. Maiden name Jane Lybarger,
15. Birthplace Illinois, 1
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph L. Brown,
(b) Address 10235 Independence Ave., K.C., Mo.

17. (a) Burial (b) Date thereof 10-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 10-4-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2nd
year 1944 hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from 12-8-43
19 to 10-2-44 19
that I last saw her alive on 10-2-44 19
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 4 days

Due to Post operative. ✓

Due to 12/10
Other conditions (Include pregnancy within 3 months of death)

Major findings: Cholecystitis + cholelithiasis. PHYSICIAN
Of operations
Of autopsy
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 12/10
23. Signature Ralph L. Brown (M. D. or other) 10-4-44
Address 10307 Indep. Ave. K.C. Date signed 10-4-44

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

Wm. E. Carhart -
10307 Independence
/ to 6 P.M.

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 E. M. Clark

Licensed Embalmer No. 1848

P. O. Address 78. 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.