S. No. 2
DM—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8478

Registration District No. FILED MAR 19 1945 49

Primary Registration District No. 1002

Registrar's No. 920

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

8
3
8

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: 3108 PENNSYLVANIA AVE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution - (Specify whether
In this community 20 YEARS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY 118
(If outside city or town limits, write "RURAL")

(d) Street No. 3108 PENNSYLVANIA AVE
(If rural, give location)

(e) Citizen of foreign country? NO 0 8 (Yes or No)

If yes, name country -

3. (a) PRINT FULL NAME MR CLEM, FRANCIS BROWN

3. (b) If veteran, name war NO

3. (c) Social Security No. 496-10-2185

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife FRANKIE K. BROWN

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased JULY (Month) 8 (Day) 1881 (Year)

8. AGE:

Years	Months	Days	If less than one day
63	7	16	hr. min.

9. Birthplace SOUTH BEND (City, town, or county) INDIANA (State or foreign country)

10. Usual occupation METAL LATHER

11. Industry or business

FATHER
12. Name REZEAU BROWN
13. Birthplace UNKNOWN (City, town, or county) INDIANA (State or foreign country)

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

16. (a) Informant MRS. FRANKIE K. BROWN

(b) Address 3108 PENNSYLVANIA AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB 27 1945 (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETERY

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

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 2-26-45 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 24th year 1945 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from Feb. 24, 1945, 1945, to Feb. 24, 1945 that I last saw him alive on Feb. 24, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Chr. myocarditis

Due to

Other conditions
(Include pregnancy within 3 months of death) 93 d.

Major findings:
Of operations

Of autopsy

Duration

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 2

23. Signature Dr Sidney B Dyrns (M. D. or other) D.O.

Address 804 W 33rd St. Date signed Feb 25, 1945

(Licensed Embalmer's Statement on Reverse Side)

804. Wcht 33rd Street
12:30.1

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 Oscar Worthy

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.