

7. S. No. 2
M-9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 24 1945

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8481
State File No. _____
Registrar's No. 1085

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 1418 E. 30th St.
(d) Length of stay: In hospital or institution. no
In this community 5 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 1418 E. 30th St.
(e) Citizen of foreign country? Citizen (Yes or No)

3. (a) PRINT FULL NAME NELLIE Brown

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

4. Sex F 5. Color or race White 6. (a) Single, widowed, married divorced, married
6. (b) Name of husband or wife Hally Brown 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased 19 1896

8. AGE: Years 48. Months 2. Days 18. If less than one day hr. min.

9. Birthplace Mونت mo

10. Usual occupation House wife

11. Industry or business

12. Name Henry Mc Gath
13. Birthplace New York
14. Maiden name Hally
15. Birthplace Mونت

16. (a) Informant Hally Brown

(b) Address 1418 E. 30th St.

17. (a) Burial (b) Date thereof Mar 19-45

(c) Place: burial or cremation Mونت mo

18. (a) Signature of funeral director R. A. Reising

(b) Address Kansas City Mo

19. (a) 3-8-45 (b) R. E. Brown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 7 year 1945 hour 1 minute 30 M.

21. I hereby certify that I attended the deceased from 12 - 19 45 to Mar - 7 - 19 45 that I last saw her alive on Mar - 6 - 45 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism 6da
Due to Chronic Nephritis

Other conditions (Include pregnancy within 3 months of death) 13/15

Major findings: Of operations
Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature G. C. Kenney M.D. Address 832 Argyle Blvd Date signed 3-7-45

Duration
Physician
Underline the cause to which death should be charged statistically.

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

80338

AUG 22 1948

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

Frank A. Reisinger

Licensed Embalmer No. *3122*

P. O. Address. *Kansas City, 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.