7. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1945

Registration District No. 199

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12046

Primary Registration District No. 1002

Registrar's No. 1678

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1. PLACE OF DEATH:
(a) County: St Louis 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: St Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 days (Specify whether years, months or days)
In this community 23 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis
(c) City or town Osceola (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Opal Brown

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Cecil Brown

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased July (Month) 4 (Day) 1897 (Year)

8. AGE: Years 47 Months 9 Days 10 If less than one day hr. min.

9. Birthplace Henry County (City, town, or county) Mo (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Earl Logan
13. Birthplace Henry County (City, town, or county) Mo (State or foreign country)

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

16. (a) Informant Cecil Brown
(b) Address Osceola Mo

17. (a) Remains (Burial, cremation, or removal) (b) Date thereof 4-16-45 (Month) (Day) (Year)
(c) Place: burial or cremation Osceola Mo

18. (a) Signature of funeral director Osceola F Home
(b) Address Osceola Mo

19. (a) 4-14-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14 year 1945 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Pathologist, 19; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Malignant gastric ulcer with metastases to the regional lymph nodes and to the liver.

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 Lorraine Sherwood (M. D. or other)
Address Pathologist Date signed 4-14-45
St Joseph Hospital, K.C., Mo.

(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. 3038

P. O. Address Osceola 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.