S. No. 2
OM—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. 22532

FILED AUG 29 1945

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 3110

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~~:
ST. MARYS HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital ~~or institution~~ 2 DAYS (Specify whether years, months or days)

In this community 13 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

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

(d) Street No. 8104 WALNUT STREET
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME LAWRENCE LEE BROWN

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife ____

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

7. Birth date of deceased OCTOBER (Month) 12 (Day) 1931 (Year)

8. AGE:

Years	Months	Days	If less than one day
13	9	10	____ hr. ____ min.

9. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation STUDENT

11. Industry or business RURAL HARTMAN SCHOOL

FATHER
12. Name JOHN H. BROWN
13. Birthplace WARSAW (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name GOLA MAE ALLEN
15. Birthplace GREEN COUNTY (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant MR. JOHN H. BROWN
(b) Address 8104 WALNUT STREET

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 25 1945 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ MT. MORIAH CEMETERY

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 7-25-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 22ND year 1945 hour 7 minute 35 P.M.

21. I hereby certify that I attended the deceased from July 8, 1945, to July 22, 1945, that I last saw him alive on July 22, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death 1) Toxic Hepatitis	
Etiology unknown	9 wks
2) Mitral Stenosis -	
Due to Rheumatic Fever	18 mo
Due to	
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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature Bertha Ewing (M. D. ~~other~~)
Address 1220 Prospect Date signed 7-24-45

(Licensed Embalmer's Statement on Reverse Side)

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

Professional Bldg

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K. 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.