V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 1 1945

State File No. 26355

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3512

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

18
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:
Wheatley-Provident Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte 99

(c) City or town Edwardsville 14
(If outside city or town limits, write "RURAL")

(d) Street No. R.R. #1 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME GEORGE W. BROWN

3. (b) If veteran, name war no

3. (c) Social Security No. Unknown

4. Sex Male 2

5. Color or race Col

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years 68 | Months | Days | If less than one day hr. min.

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

10. Usual occupation Common Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 0
(City, town, or county) (State or foreign country)

16. (a) Informant Estus Branchcomb
(b) Address R.R.#1 Edwardsville, Ks.

17. (a) Removal (b) Date thereof 8-22-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Franklin Cemetery

18. (a) Signature of funeral director Nathan W. Thatcher
(b) Address 1520 N. 5th Street K.C.K.

19. (a) 8-22-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17th
year 1945 hour 3: minute 20 PM M.

21. I hereby certify that I attended the deceased from 8/16/45
19 to 8/17/ 1945
that I last saw him alive on 8/17 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Senility

Due to

Other conditions
(Include pregnancy within 3 months of death)

93d

Major findings:
Of operations

Of autopsy no

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

23. Signature L. M. Pittman (M. D. or other) M.D.
Address 1618 Lydia Date signed 8/22/45

(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 Nathan H. Whatley

Licensed Embalmer No. 2700

P. O. Address 1520 N. 5th St.

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.