

S. No. 2
OM-5-43
v. 5-17-39
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26356

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED AUG 22 1945 **STANDARD CERTIFICATE OF DEATH**

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3294

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

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:
933 Paseo /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 Years
(Specify whether years, months or days)
In this community 28 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 149
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 933 Paseo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME John B. Brown

3. (b) If veteran, name war No
3. (c) Social Security No. 486-05-4899

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Stella M. Brown
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Sept. 14 1898
(Month) (Day) (Year)

8. AGE: Years 46 Months 10 Days 8 19 19
If less than one day hr. min.

9. Birthplace Shawneetown Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Cab Driver

11. Industry or business Yellow Cab Co.

MOTHER FATHER

12. Name Richard S. Brown

13. Birthplace Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Martha Vaughn

15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Stella M. Brown

(b) Address 933 Paseo

17. (a) Burial (b) Date thereof 8 / 7 / 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 8-6-45 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3rd
year 1945 hour 5 45 minute P M.

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

Immediate cause of death Coronary sclerosis
Due to arterio sclerosis

Due to
Other conditions 94a
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As permit history & inspection

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 3
23. Signature James C. Kelly (M. D. or other)
Address 11424 Jasper Date signed 8-4-45

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

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 Walter H. Erwin
Licensed Embalmer No. 4352
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.