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

29560

State File No.

FILED SEP 20 1945

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3685

18
3
8

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:
7410 SUMMIT STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---- (Specify whether
In this community 35 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 7410 SUMMIT STREET 8
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country ----

3. (a) PRINT FULL NAME MR GAR BROWN

3. (b) If veteran, name war NO

3. (c) Social Security No. 486-10-3586

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of ~~husband or~~ wife MRS. EDITH GRACE BROWN

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased JULY (Month) 12 (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
67	1	21	hr. min.

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

10. Usual occupation SALESMAN

11. Industry or business NORTH MEHORNAY FURN. CO.

FATHER
12. Name ROBERT H. BROWN
13. Birthplace (City, town, or county) OHIO (State or foreign country) 1

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

16. (a) Informant MRS. EDITH GRACE BROWN

(b) Address 7410 SUMMIT STREET

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT-6-1945 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ MT. MORIAH TEMPLE

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 9-5-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 3 RD
year 1945 hour 11 minute 00 P M.

21. I hereby certify that I attended the deceased from July 1945, 19 , to Sept 3, 1945
that I last saw him alive on Sept 2, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the head of the Pancreas Mais

Due to

Due to 468

Other conditions Intestinal Obstruction
(Include pregnancy within 3 months of death)

Major findings:
Of operations above Diagnosis

Of autopsy

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 [signature] (M. D. or other) MD

Address KC MO Date signed 9/4/45

(Licensed Embalmer's Statement on Reverse Side)

628 West 57th Terrace

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 Elcar Worthey

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.