

FILED NOV 14 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4515

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: General Hospital #2
(If not in hospital or institution, write street number or location)

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

In this community 34 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1329 E. 13th St.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME William Roy Brown

3. (b) If veteran, name war World War 1

3. (c) Social Security No. 703-03-8819

4. Sex Male 5. Color or race Negro

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 March 16 1894
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>7</u>	<u>13</u>	hr. min.

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

10. Usual occupation Fireknocker

11. Industry or business _____

12. Name Winston Brown

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

14. Maiden name Lillian

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

16. (a) Informant Mrs. Lillian Pierce

(b) Address 1321 Brooklyn, K.C., Mo.

17. (a) Burial (b) Date thereof 11/2/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director E. Sterling Pulla

(b) Address 1212 Vine St., K.C., Mo.

19. (a) 11-2-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct - day 29
year 1945 hour 10 minute 8 P. M.

21. I hereby certify that I attended the deceased from _____
Deputy Coroner 19____;
that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death External Hemorrhage

Due to Gun shot wound in abdomen

Due to _____

Other conditions (include pregnancy within 3 months of death) 166

Major findings: Of operations _____

Of autopsy Internal Hemorrhage ruptured left kidney

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence Oct-29-45

(c) Where did injury occur? K.C. Yuden - Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
1021 E. 14th. Deputy Coroner

While at work? _____ (Specify type of place)

(e) Means of injury gun shot

23. Signature W. Williams (M. D. or other) _____
Address 2636 - Brooklyn Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

48
3
8

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 E. Sterling Bills
Licensed Embalmer No. 3178
P. O. Address 121 Penn

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.