

FILED OCT 23 1945  
Registration District No. 146

Primary Registration District No. 5568

State File No.

Registrar's No. 269

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Rural Blue Turn  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
9814 E. 23rd 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 50 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Independence Rural 4  
(If outside city or town limits, write "RURAL")  
(d) Street No. 9814 E 23rd Street 4  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Alfred Brown

(b) If veteran, name war none (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

(b) Name of husband or wife Viola Brown 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased August 11 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 1 7 hr. min.

9. Birthplace Vevay Kentucky Indiana /  
(City, town, or county) (State or foreign country)

10. Usual occupation Druggist

11. Industry or business

MOTHER FATHER

12. Name Alfred Brown

13. Birthplace Vevey Indiana /  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Laura

15. Birthplace Vevey Indiana /  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hildred Pendleton

(b) Address 308 S. Van Brunt

17. (a) Burial (b) Date thereof 9-21-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Geo. C. Carson, Funeral Home

(b) Address Independence Missouri

19. (a) 9-20-45 (b) James W. Ross  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 18  
year 1945 hour 7:30 minute 0 M.

21. I hereby certify that I attended the deceased from Brown, 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 \_\_\_\_\_

Encephalitis

Due to Strep. pneumoniae

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy no

Haley & Reynolds

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 James W. Ross (M. D. or other) \_\_\_\_\_

Address 1424 Oregon Date signed 9-20-45

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

SEP  
8 1957

**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

*George S. Larson*

Licensed Embalmer No. *2249*

P. O. Address *Independence 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.**