S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

861

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 31 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1217

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 266

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 No. 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hrs. (Specify whether
In this community 2 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. 3341 Olive 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country X

3. (a) PRINT FULL NAME Ora Brown
3. (b) If veteran, name war No
3. (c) Social Security No. 493-22-2069
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edna Brown
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased December (Month) 19 (Day) 1892 (Year)
8. AGE: Years 53 Months 0 Days 26 If less than one day hr. min.
9. Birthplace Parkville Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Mail Carrier 24 years
11. Industry or business Unknown
FATHER 12. Name Unknown
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Edna Brown 1
(b) Address 3341 Olive Kansas City, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 18 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Parkville, Missouri
18. (a) Signature of funeral director Wilks Funeral Home
(b) Address 2315 Linwood Kansas City, Mo
19. (a) 1-17-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15 year 1946 hour 4 minute 15 P.M.
21. I hereby certify that I attended the deceased from Jan. 15, 1946, to Jan. 15, 1946 that I last saw him alive on Jan. 15, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute coronary occlusion- right coronary artery	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94a	
Major findings: Of operations	
Of autopsy See above	

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 0
23. Signature Clark W. Nelson (M.D. or other)
Address Med. Dir. Gen'l Hosp. Date signed 1-16-46

(Licensed Embalmer's Statement on Reverse Side)

Dr Fitzgerald [illegible]

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 Chas E. Wells

Licensed Embalmer No. 2644

P. O. Address K.C. 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.