

FILED MAY 6 1946
Registration District No. 149

Primary Registration District No. 1002

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: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
In this community 10 days
years, months or days

3. (a) PRINT FULL NAME ARTHUR H. BROWN

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frances Brown 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Jan. 28, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62. 2 26 hr. min.

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

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER { 12. Name Francis M. Brown
13. Birthplace North Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Exona France
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A H. Brown
(b) Address Peculiar, Mo.

17. (a) Burial (b) Date thereof 4/26/'46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Peculiar, Mo.

18. (a) Signature of funeral director: E. K. League & Sons

(b) Address Belton, Mo.

19. (a) 4-26-46 (b) Stirling Holman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 mi. south Peculiar
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1946 hour 10:50 minute 00 A. M.

21. I hereby certify that I attended the deceased from 4-14-46 to 4-24-46, 1946, and that death occurred on the date and hour stated above.
that I last saw him alive on 4-24-46 8 AM, 1946

Immediate cause of death: Uremia
2. shock

Due to Prostatic obstruction and surgery for same
Due to

Other conditions: Paralytic septoria
(Include pregnancy within 3 months of death)

Major findings: Prostatic hyperplasia
Of operations
Of autopsy 13902

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) (c) Means of injury C

23. Signature Thomas E. Miller M. D. or other _____
Address 1019 Poplar St. Belton, Mo. Date signed 4-26-46

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

HA. 4022
S. 7122
VA. 7134

B 3921

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

Richard E. Deane

Licensed Embalmer No.

3958

P. O. Address

Bella 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.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1931

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:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
 (c) City or town.....
(If outside city or town limits write "RURAL")
 (d) Street No.....
(If rural, give location)
 (e) If foreign born, how long in U. S. A.?..... years.

3. (a) PRINT FULL NAME Arthur H. Brown

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex..... 5. Color or race..... 6. (a) Single, widowed, married, divorced.....
 6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if alive..... years

7. Birth date of deceased.....
(Month) (Day) (Year)

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

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) 4-26-46 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month April day 24
 year 1946 hour..... minute..... M.

21. I hereby certify that I attended the deceased from....., 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 uremia shock

Due to prostatic obstruction and surgery for same

Due to.....

Other conditions paralysis agitans, following scarlet fever 10 years ago.

Major findings: prostatic hypertrophy

Of operations.....
 Of autopsy..... 1376

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?

While at work?.....
(Specify type of place) (c) Means of injury

23. Signature Maxwell J. Robbins (M. D. or other) MD
 Address Peculiar, Mo Date signed 5/2/46

SUPPLEMENTARY

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

13052