

No. 2
1-5-43
5-17-39
1 X36571

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U.S. GOVERNMENT PRINTING OFFICE: 1942
STANDARD CERTIFICATE OF DEATH

State File No. 16559
Registrar's No. 2227

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K.C.
(c) Name of hospital or institution:
1805 E. 11th 3rd Floor /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 8 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town K.C.
(If outside city or town limits, write "RURAL")
(d) Street No. 1805 E. 11th 3rd
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jessie Ouida Brown
3. (b) If veteran, name war no
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 16 day May
year 1946 hour 12 minute 48 A.M.

4. Sex Fe 3 5. Color of race Col.
6. (a) Single, widowed, married, divorced Wid. 2
6. (b) Name of husband or wife Harren James Brown
6. (c) Age of husband or wife if alive deceased
7. Birth date of deceased June 7 1893
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 19 1946 to May 16 1946
that I last saw her alive on May 1st 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
52 11 9 hr. min.

Immediate cause of death Cerebrovascular
Hypertension
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

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

10. Usual occupation Domestic
11. Industry or business _____
12. Name Frank Holmes
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Caroline
15. Birthplace unknown
(City, town, or county) (State or foreign country)

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)
(e) Means of injury _____

16. (a) Informant Nina Brown Wilkerson
(b) Address 236 N. E. Sacramento St. Portland Ore.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20-1946
(Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery
18. (a) Signature of funeral director Adkins Bros.
(b) Address 2000 E. 12th K.C. Mo.
19. (a) 5-18-46 (Date received local registrar) (b) M. Geraldine Holmer (Registrar's signature)

23. Signature M. M. Blount (M. D. or other)
Address 436 Main St. G.C. 60. Date signed 5/17/46

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

AUG 18 1947

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..... *A. T. Moore*

Licensed Embalmer No..... *948*

P. O. Address.....

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.