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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23520

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3327

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: 1417 Central 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

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

(d) Street No. 1417 Central Street
(If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME HENRY JOE BROWN

3. (b) If veteran, name war No

3. (c) Social Security No. 495-09-0783

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Georgie E. Brown

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased December (Month) 30th (Day) 1879 (Year)

8. AGE: Years 66 Months 7 Days ~~29~~ If less than one day ____ hr. ____ min.

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

10. Usual occupation Cramer Posture Chair Co.

11. Industry or business ____

FATHER
12. Name Amos A. Brown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaretta J. Loughman
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Georgie E. Brown
(b) Address 1417 Central Street, K. C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 - 3 - 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Missouri

19. (a) 8-2-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31st year 1946 hour 9 15 minute a M.

21. I hereby certify that I attended the deceased from Coroner, 19__, to ____, 19__; that I last saw h____ alive on ____, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to Myocardial Infarction	
Due to Arterio sclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94a	
Of autopsy yes as 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 ____

23. Signature [signature] (M. D. or other)
Address 1424 [illegible] Date signed 8-1-46

(Licensed Embalmer's Statement on Reverse Side)

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 Edward E. Kessman

Licensed Embalmer No. 487

P. O. Address Kansas City, 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.