

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23521

FILED AUG 5 1946

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3244

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. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos. ; 4 days
(Specify whether
In this community 3 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. 2541 PARK
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY BROWN

3. (b) If veteran, name war NO

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 23,
year 1946 hour 3: minute 30 P.M.

21. I hereby certify that I attended the deceased from APRIL
19, 1946, to JULY 23, 1946
that I last saw her alive on JULY 23, 1946
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race NEGRO

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased June 5 1868
(Month) (Day) (Year)

Immediate cause of death TERMINAL BRONCHO-PNEU-
MONIA Duration _____

Due to HYPERTENSIVE TYPE OF HEART DISEASE

8. AGE: Years 78 Months 1 Days 18
If less than one day _____ hr. _____ min.

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

10. Usual occupation Cook

Due to _____

Other conditions SECONDARY ANEMIA (Etiology
(Include pregnancy within 3 months of death) undetermined)

MOTHER FATHER {

11. Industry or business _____

12. Name CHARLES BROWN

13. Birthplace Don't know VIRGINIA
(City, town, or county) (State or foreign country)

14. Maiden name ELIZA BRUCE

15. Birthplace Don't know KENTUCKY
(City, town, or county) (State or foreign country)

Major findings:
Of operations 938

Of autopsy _____

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

16. (a) Informant BESSIE TIVIS (Friend)

(b) Address 2541 Park

17. (a) Removal (b) Date thereof 7-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Joseph

18. (a) Signature of funeral director Wm J Joseph

(b) Address St Joseph

19. (a) 7-26-46 (b) Gerardina Holmes
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature Frank (M. D. or other) _____
Address GENERAL HOSPITAL NO. 2 Date signed 7/25/46

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

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.....

C. H. West

Licensed Embalmer No. *2210*.....

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.