

FILED SEP 9 1946

State File No.

Registration District No. 197

Primary Registration District No. 1002

Registrar's No. 3684

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

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:
1302 Euclid
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 63 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 1302 Euclid
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Elmer Brownson
 (b) If veteran, name war No
 (c) Social Security No. 496-10-5424

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 25
 year 1946 hour 11 minute 51 P.M.

4. Sex Male 2
 5. Color or race Negro
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Minnie Brownson
 (c) Age of husband or wife if alive 54 years
 7. Birth date of deceased July 17, 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Deputy - Crowe 19...
 that I last saw him alive on _____ 19...
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>1</u>	<u>8</u>	_____ hr. _____ min.

Immediate cause of death Hypertensive Heart Disease
 Due to _____ 3-Mon.

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

Due to Cardiac Asthma

10. Usual occupation Janitor

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

11. Industry or business _____

Major findings: 93d
 Of operations _____

12. Name Joe Brownson

Of autopsy no-Permit
 Underline the cause to which death should be charged statistically.

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

14. Maiden name Mary Walker

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

16. (a) Informant Minnie Brownson

(b) Address 1302 Euclid

17. (a) Burial (b) Date thereof 8/28/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Westlawn Cemetery

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

(b) Address 1729 Lydia Avenue

19. (a) 8-27-46 (b) Geraldine 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?
K-C-K

While at work? _____ (Specify type of place)

(e) Means of injury Reputy - Crowe

23. Signature J. Williams (M. D. or other) _____

Address 2686 - Brooklyn Date signed 8-28-46

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

George Manogue

Licensed Embalmer No. *3994*

P. O. Address *2553 Highland*

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.