

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 37321  
 Registrar's No. 365

FILED DEC 12 1946

Registration District No. 146

Primary Registration District No. 5568

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

36140

1. PLACE OF DEATH:  
 (a) County Jackson  
 (b) City or town Rural Blue  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Atherton Road Rt. 1 Independence  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community 25 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson  
 (c) City or town Rural Blue  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Atherton Road Rt 1 Independence  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EDWARD E. BROWN  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Nettie S. Brown  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased December 30, 1865  
(Month) (Day) (Year)

|         |           |           |          |                      |
|---------|-----------|-----------|----------|----------------------|
| 8. AGE: | Years     | Months    | Days     | If less than one day |
|         | <u>80</u> | <u>11</u> | <u>4</u> | hr. _____ min.       |

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

10. Usual occupation Retired Lumberman

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name Harvey Brown  
 13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
 14. Maiden name Molly Mc Kenzie  
 15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nettie S. Brown  
 (b) Address Independence, Missouri

17. (a) Burial (b) Date thereof 11/6/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Place: burial or cremation Appleton City, Mo.

18. (a) Signature of funeral director Goland R. Speaks  
 (b) Address Independence, Missouri

19. (a) 11-16-46 (b) Jan. [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4th  
 year 1946 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from October 29, 1946 to November 4, 1946  
 that I last saw him alive on November 3, 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration Hours  
 Due to stricture urethra ?  
136A

Other conditions Coronary sclerosis  
(Include pregnancy within 3 months of death)  
generalized arteriosclerosis

Major findings: Of operations \_\_\_\_\_  
 Of autopsy Prostatic hypertrophy  
generalized arteriosclerosis stricture urethra

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? \_\_\_\_\_

23. Signature Dr. L. Whetstone While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury \_\_\_\_\_  
 Address Independence, Mo. Date signed 11-4-46

**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

*Poland R. Speaks*  
.....  
Licensed Embalmer No. **8604**

P. O. Address **Independence, Missouri**

**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.**