

Registration District No. 149Primary Registration District No. 1002

Registrar's No.

## 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:  
St. Joseph Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 days  
 (Specify whether  
 In this community 33 yrs -  
 years, months or days)

3. (a) PRINT FULL NAME William John Brown Sr.3. (b) If veteran,  
name war. No3. (c) Social Security  
No. 486-10-18894. Sex Male5. Color or  
race White6. (a) Single, widowed, married,  
divorced Married6. (b) Name of husband or wife  
Bertha M. Brown6. (c) Age of husband or wife if  
alive 50 years7. Birth date of deceased  
Apr - 1 1890

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

5685

hp. min.

9. Birthplace

(City, town, or county)

(State or foreign country)

California

10. Usual occupation

Machinist

11. Industry or business

12. Name W. J. Brown13. Birthplace  
(City, town, or county) (State or foreign country)  
No Record14. Maiden name Hattie15. Birthplace  
(City, town, or county) (State or foreign country)  
No Record16. (a) Informant Bertha M. Brown(b) Address 719 Highland17. (a) Burial (b) Date thereof Dec. 9, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Green Lawn18. (a) Signature of funeral director Mrs. C. L. Forster(b) Address 918 Brooklyn19. (a) 12-9-46 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

## 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. 719 Highland  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country ( )

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6th.  
year 1946 hour 3 minute 30 P. M.21. I hereby certify that I attended the deceased from 4 Dec 1946 to 6 Dec 1946  
that I last saw him alive on Dec 6 1946  
and that death occurred on the date and hour stated above.Immediate cause of death Uremia  
Duration 3 daysDue to Prostate, hyperplasia  
benign 2 yrsDue to 1370Other conditions  
(Include pregnancy within 3 months of death)

Major findings:

Of operations noneOf autopsy none permitted

## PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) X  
 (b) Date of occurrence X  
 (c) Where did injury occur? X  
 (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) (Specify type of place)

23. Signature A. L. Stockwell (M. D. or other) MD  
Address 625 Professor of Bldg Date signed 7 Dec 46

Prof. Bldg.  
Rm 1393

1-3 pm

**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.....

*Cortland M. ...*

Licensed Embalmer No. *3414*

P. O. Address *918 Brooklyn*

**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.**