

No. 2
-12-45
5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 995
Registrar's No. 238

FILED JAN 27 1947
Registration District No. 1847

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1020 Park
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 years (Specify whether years, months or days)

In this community 2 years

3. (a) PRINT FULL NAME James Brown

3. (b) If veteran, name war no

3. (c) Social Security No. 493-12-2507

4. Sex m 5. Color or race col

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

6. (b) Name of husband or wife Sadie Brown

6. (c) Age of husband or wife if alive 25 years (Day) (Year) 1893

7. Birth date of deceased Nov. 25 1893
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>53</u>	<u>1</u>	<u>16</u>	hr. min.

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

10. Usual occupation none

11. Industry or business

12. Name Henry Brown

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

14. Maiden name Isabelle

15. Birthplace Jefferson City, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Charlene Bayles

(b) Address 1403 Euclid

17. (a) Burial (b) Date thereof 1-20-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson City, Mo.

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

(b) Address 2000 E. 12th K.C. Mo.

19. (a) 1-18-47 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. 1020 Park
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 11
year 1947 hour 12 minute 40 P.M.

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

Immediate cause of death Hypertensive Heart Disease

Due to Chronic Nephritis

Other conditions (include pregnancy within 3 months of death)

Major findings: 131.5
Of operations

Of autopsy no - permit

Duration

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 fall

23. Signature [Signature] (M. D. or other)

Address 2136 Brooklyn Date signed

1-13-47

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 A. T. Moore
Licensed Embalmer No. 948
P. O. Address.....

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.