

No. 2  
-12-45  
5-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8941

State File No. ....

FILED APR 1 1947  
Registration District No. 179

Primary Registration District No. 1002

Registrar's No. 1334

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. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 18 1/2 Hrs.  
(Specify whether  
In this community lifetime  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Rural Blue Township  
(If outside city or town limits, write "RURAL")  
2716 Norwood Route 6  
(d) Street No. .... (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Richard Brown

3. (b) If veteran, name war no 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single widowed, married, divorced Child

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

7. Birth date of deceased November 27, 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
4 3 25 hr. min.

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

10. Usual occupation None

11. Industry or business .....

12. Name Richard Barnett Brown

13. Birthplace Des Moines, Iowa  
(City, town, or county) (State or foreign country)

14. Maiden name Alice Standard

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

16. (a) Informant Mr. R.B. Brown

(b) Address Independence, Missouri

17. (a) Burial (b) Date thereof 3/24/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove Cemetery

18. (a) Signature of funeral director Richard W. Spunk

(b) Address Independence, Missouri

19. (a) 3-22-47 (b) Geraldine Holmea  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22  
year 1947 hour 8 minute 15 A. M.

21. I hereby certify that I attended the deceased from  
March 21, 1947 to March 22, 1947

that I last saw him alive on March 22, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Septecemia (Meningiocooccos)

Due to .....

Due to .....

Other conditions: (Include pregnancy within 3 months of death) .....

Major findings: 6

Of operations .....

Of autopsy See above

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? (c) Means of injury 0

23. Signature W. W. ... (M. D. or other) M.D.

Address Med. Dir. Gen'l Hosp. Date signed 3-22-47

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

MOTHER FATHER

*Dr. Cap...*

**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 *Roland Rofpenka*

Licensed Embalmer No. 3604

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.**