

**FILED JUN 23 1947**

Registration District No. ....

Primary Registration District No. **1002**

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 **Wheatley Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 day**  
(Specify whether years, months or days)

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. **2414 Tracy**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Cecilia Brown**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **Negro**  
6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased **June 5, 1947**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**1** hr. min.

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

10. Usual occupation **Infant**

11. Industry or business.....

12. Name **Bert Brown**

13. Birthplace **Sweet Springs, Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Cecilia Lard**

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

16. (a) Informant **Bert Brown**

(b) Address **2414 Tracy Avenue**

17. (a) **Burial** (b) Date thereof **6/9/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln Cemetery**

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

(b) Address **1729 Tracy Avenue**

19. (a) **6-9-47** (b) **Thereldine Holmes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **6**  
year **1947** hour **2** minute **30** P. M.

21. I hereby certify that I attended the deceased from **June 6, 1947** to **June 6, 1947**  
that I last saw **her** alive on **June 6, 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Birth**

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death) **159**

Major findings:  
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause of 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.....

23. Signature **J. M. Alder** (M. D. or other) **0**

Address **9338 Moor** Date signed **6-9-47**

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

MOTHER FATHER

**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.....

*J. Jerome Marlowe*  
.....  
Licensed Embalmer No. *3994*  
.....

P. O. Address.....

*2503 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.