

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

FILED JUN 30 1947

Registration District No. **197**

Primary Registration District No. **1002**

Registrar's No. **2626**

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

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 Glenn Nettleton Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 week
(Specify whether)
 In this community 30 yrs
years, months or days

3. (a) PRINT FULL NAME Mrs. Mary C. Brown
 3. (b) If veteran, name war NO
 3. (c) Social Security No. NO

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced widow
 6. (b) Name of husband or wife E. J. Brown
 6. (c) Age of husband or wife if alive dec years
 7. Birth date of deceased 6 24 1863
(Month) (Day) (Year)

8. AGE: Years 83 84 Months 11 Days 23
hr. min.

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

10. Usual occupation at home

MOTHER FATHER
 11. Industry or business at home
 12. Name Novitz Baedeker 4
 13. Birthplace Germany 4
(City, town or county) (State or foreign country)
 14. Maiden name Catherine Rott
 15. Birthplace Germany 4
(City, town or county) (State or foreign country)

16. (a) Informant Mrs. L. J. Payne
 (b) Address 5125 Swoyerspark way
 17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 6/17/47
(Month) (Day) (Year)
 (c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Stone McClure
 (b) Address Kansas City Mo
 19. (a) 6-18-47 (b) Steraldine 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. 5125 Swoyerspark way
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
 year 1947 hour 1 minute 50 AM

21. I hereby certify that I attended the deceased from June 8, 1947 to June 17, 1947
 that I last saw her alive on June 16, 1947
 and that death occurred on the 17 and hour stated above.

Immediate cause of death Lobar Pneumonia
+ Arterio Sclerosis
Duration 10 days 3 yrs

Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 108
 Of operations _____
 Of autopsy _____

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? 0

While at work _____
(Specify type of place) (e) Means of injury
 23. Signature John G. Lapp (M. D. or other) Dr. L.
 Address 1314 Professional Bldg Date signed 6/17/47

Dr Jno L. J. J. J.
Prof. B. B. B.

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. J. J.

Licensed Embalmer No. *1415*

P. O. Address. *K. C. W.*

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.