

Registration District No. 147 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
9827 E 8th St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Do not know years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson 48

(c) City or town Warrens city mo 3
(If outside city or town limits, write "RURAL")

(d) Street No. 9827 E 8th St 8
(If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Roy E. Brown

3. (b) If veteran, name war none

3. (c) Social Security 431-057845

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1947 hour 6 minute 20 P.M.

21. I hereby certify that I attended the deceased from June, 19____, to June, 19____;

that I last saw h. _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or White

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased March -4 1900
(Month) (Day) (Year)

Immediate cause of death Primary occlusion

Due to artery occlusion

Due to _____

Other conditions (Include pregnancy within 3 months of death) 94a

8. AGE: Years 47 Months 3 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Foundry worker

11. Industry or business _____

12. Name George Brown

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

14. Maiden name Anne Pickens

15. Birthplace Darnell Ark
(City, town, or county) (State or foreign country)

16. (a) Informant Juanice Brown

(b) Address 2451 Lawn

17. (a) Removal (b) Date thereof 6/22/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newhope Ark

18. (a) Signature of funeral director Bonnie Bros

(b) Address Kansas City mo

19. (a) 6-20-47 (b) Althaldine Holmes
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy eye at atom

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 3

23. Signature Jainel White (M. D. or other) _____
Address 1424 N. 11th Date signed 6-18-47

WRITE PLAINLY—USE 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. S. Walton

Licensed Embalmer No. 2244

P.O. Address K. C. MD

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.