

FILED SEP 29 1947
149

Registration District No. **1002** 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: **1607 McGee Street**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **4 Days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Boone**
 (c) City or town **Centralia**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **ELDON T. BROWN**
 3. (b) If veteran, name war **None**
 3. (c) Social Security No. **496-03-2710**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **September** day **16th**
 year **1947** hour _____ minute _____ M.

4. Sex **Male**
 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Lois Brown**
 6. (c) Age of husband or wife if alive **41** years
 7. Birth date of deceased **December 22nd, 1900**
(Month) (Day) (Year)

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

8. AGE:	Years	Months	Days	If less than one day
	46	8	24	_____ hr. _____ min.

Immediate cause of death **White Coronary Occlusion**
 Due to _____
 Due to _____
 Other conditions **Deputy Coroner**
(Include emergency within 3 months of death)

MOTHER FATHER

9. Birthplace **Downing Missouri**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Mechanic**
 11. Industry or business _____
 12. Name **James Burt Brown**
 13. Birthplace **Indiana**
(City, town, or county) (State or foreign country)
 14. Maiden name **Sarah Jane Whitom**
 15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

Major findings **See Above**
 Of operations _____
 Of autopsy **See Above**

Duration _____
 PHYSICIAN _____
 Underline the cause of which death should be charged statistically.

16. (a) Informant **Mrs. Pearl Eries**
 (b) Address **1826 Hawthorne Avenue**
 17. (a) **Removal** (b) Date thereof **9 - 19 - 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Liberty, Missouri**
 18. (a) Signature of funeral director **Freeman Mortuary & Chapel**
 (b) Address **104 West 42nd St. Kansas City, Mo.**
 19. (a) **9-18-47** (b) **St. Aldine Holmes**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 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? _____
 While at work? _____
 Specify type of injury _____
 Signature **AB Walker MD** (M.D. or other)
 Address **2800 Main** Date signed **9/17/47**

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

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 *Walter H. Erwin*

Licensed Embalmer No. *4352*

P. O. Address *Kansas City, mo*

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.