S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 24 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 38035
Registrar's No. 4593

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: 226 E. 33rd St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 40 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON 48
(c) City or town: KANSAS CITY 3
(If outside city or town limits, write "RURAL") 8
(d) Street No.: 226 E. 33rd
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: N

3. (a) PRINT FULL NAME: MARTHA VALENTIVE BROWN
3. (b) If veteran, name war: NO
3. (c) Social Security No.: NONE
4. Sex: FEMALE 1
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: WIDOWED 2
6. (b) Name of husband or wife: ANDREW S. BROWN
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: SEPT (Month) 26 (Day) 1856 (Year)

8. AGE: Years 91 | Months 1 | Days 5 | If less than one day: hr. min.

9. Birthplace: SUNFLOWER CO (City, town, or county) MISSISSIPPI (State or foreign country)
10. Usual occupation: AT HOME
11. Industry or business:
MOTHER FATHER
12. Name: CLINTON H. BROCK
13. Birthplace: UNKNOWN (City, town, or county) (State or foreign country)
14. Maiden name: UNKNOWN
15. Birthplace: UNKNOWN (City, town, or county) (State or foreign country)
16. (a) Informant: WALTER H. BROWN
(b) Address: 226 EAST 33rd STREET
17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof 11-1-47 (Month) (Day) (Year)
(c) Place: burial or cremation: D.W. NEWCOMER'S SONS
18. (a) Signature of funeral director: D.W. Newcomer's Sons
(b) Address: 1401 Brush Creek Blvd K.C. Mo.
19. (a) 11-3-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct day: 31st year: 1947 hour: 11 minute: 55 P.M.
21. I hereby certify that I attended the deceased from 5/30/47, 19..., to 10/31/47, 19...; that I last saw her alive on 10/31/47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	3 days
Due to: Generalized Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: NONE	
Of autopsy: 0	

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: 0
23. Signature: J.W. Young (M. D. or other)
Address: 1401 S. Brush Creek Blvd K.C. Mo. Date signed: 11/3/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) K.C.K.

1401 S. Wallace

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 D. D. Nofsinger

Licensed Embalmer No. 8988

P. O. Address Kansas City, Kan.

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.