

National Office of Vital Statistics  
FILED JAN 20 1948  
Registration District No. 1749

Primary Registration District No. 1002

Registrar's No. 8

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: General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 11 days  
(Specify whether)  
 In this community 6.5 YEARS  
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. 4601 Agnes  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country

3. (a) PRINT FULL NAME Elizabeth Brown  
 3. (b) If veteran name war No  
 3. (c) Social Security No. 496-05-5384

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan. day 1  
 year 1948 hour 2 minute 20 P.M.

4. FEMALE 5. Color or race WHITE  
 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 1 1882  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 21, 1947, to Jan. 1, 1948.  
 that I last saw her alive on Jan. 1, 1948.  
 and that death occurred on the date and hour stated above.

Immediate cause of death Luetic heart disease  
 Duration

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>7</u>	<u>0</u>	hr. min.

Due to  
 Due to

9. Birthplace KANSAS CITY MISSOURI  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 30

MOTHER FATHER

11. Industry or business AT HOME  
 12. Name CYRUS B. BROWN  
 13. Birthplace BOSTON MASSACHUSETTS  
 14. Maiden name MARY M. BIRCH  
 15. Birthplace KANSAS CITY MISSOURI  
(City, town, county) (State or foreign country)

Major findings:  
 Of operations  
 Of autopsy None  
 Underline the cause of which death should be charged statistically.

16. (a) Informant Charles Brown  
 (b) Address Overland Park Kansas  
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof JAN 3 1948  
(Month) (Day) (Year)  
 (c) Place: burial or cremation FOREST HILL CEMETERY

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?  
 While at work? (Specify type of place)  
 (e) Means of injury

18. (a) Signature of funeral director D. H. Puseaman's Son  
 (b) Address 1401 BRUSH GREEN BLVD.  
 19. (a) 1-3-48 (Date received local registrar)  
Heraldine Palmer (Registrar's signature)

23. Signature Wm. J. ... (M. D. or other)  
 Address Med. Dir. Gen'l Hosp. Date signed 1-2-48

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

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**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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address R. C. 4 New

**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.