No. 2
-1/47
7-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 1 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

4747

State File No. 4747

Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 728

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: K. C., Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Dead on Arrival Mercy Hospital
(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: none

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cass 19
(c) City or town: Pleasant Hill 0
(If outside city or town limits, write "RURAL")
(d) Street No.: R. R. # 2 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country: —

3. (a) PRINT FULL NAME: RAY DEAN BROWN

3. (b) If veteran, name war: — no

3. (c) Social Security No.: none

4. Sex: Male

5. Color or race: W

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 (Month) 27 (Day) 47 (Year)

8. AGE: Years — Months 7 Days 21 If less than one day — hr. — min.

9. Birthplace: Cass County (City, town, or county), Mo. (State or foreign country) U

10. Usual occupation: —

11. Industry or business: —

FATHER
12. Name: Gussie Brown
13. Birthplace: Vernon County (City, town, or county), Mo. (State or foreign country) U

MOTHER
14. Maiden name: Sylvia Swafford
15. Birthplace: Indian Territory (City, town, or county), Oklahoma (State or foreign country)

16. (a) Informant: Mother - Sylvia Brown
(b) Address: Pleasant Hill, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasant Hill Mo

18. (a) Signature of funeral director: Allen Rheinfield
(b) Address: Pleasant Hill Mo

19. (a) 2-18-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18 year 1948 hour 5 minute 30 P.M.

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

Immediate cause of death	Duration
Pertussis	
Due to: Same	—
Due to: Same	
Other conditions: 0 (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: Tracheitis, Pertussis Infection

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

22. If death was due to external cause, 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: C. H. Kimmel (M. D. or other)
Address: St. Luke's Hosp. Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Allen Bumford

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill 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.