

FILED MAY 28 1948

Registration District No. 1780

Primary Registration District No. 5072

Registrar's No. 102

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

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town INDEPENDENCE - Rural Precinct  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
JACKSON CO HOME OF AGE 5  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 YEARS  
(Specify whether years, months or days)

In this community 9 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Jackson

(c) City or town Independence 45  
(If outside city or town limits, write "RURAL")

(d) Street No. Rees Street 0  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LUCY BROWN

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race NEGRO

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased 1888  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

APP 60 hr. min.

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

10. Usual occupation UNKNOWN

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name UNKNOWN 9

13. Birthplace 11 9  
(City, town, or county) (State or foreign country)

14. Maiden name 11 9

15. Birthplace 11 9  
(City, town, or county) (State or foreign country)

16. (a) Informant REV BROWN

(b) Address 4413 VIRICINA KCMO

17. (a) Burial (b) Date thereof May 17, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery, R.C. Mo.

18. (a) Signature of funeral director Farmie J. Mead

(b) Address 1708 E. 18th St. Kansas City, Mo.

19. (a) May 14, 1948 (b) Donald C. Evers  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 12  
year 48 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 6th 1948 to May 17th 1948  
that I last saw her alive on May 17th 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory failure Duration 3 days  
Ne. ph. ketis

Due to Decubitus 3 days

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
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)

Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place)

(c) Means of injury \_\_\_\_\_

While at work? \_\_\_\_\_

23. Signature S. H. Griffin (M. D. or other) \_\_\_\_\_  
Address T.P.R. 4, Kansas City, Mo. Date signed 5/13/48

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.....

*Waynard Phillips*....., Registered Apprentice No. *15*  
working under my personal supervision.

SEP 5 1950

Signed *Fannie G. Dreck*.....

Licensed Embalmer No. *3818*.....

P. O. Address *Kansas City 8, 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.