S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 26 1948
Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 19401
Registrar's No. 2547

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

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: KCTB HOSPITAL 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo 9 days (Specify whether
In this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY (If outside city or town limits, write "RURAL") 2
(d) Street No. 3633 BELLAIRE (If rural, give location) 8
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME BROWN, PRUDENCE
3. (b) If veteran, name war no
3. (c) Social Security No. unknown

4. Sex FEMALE 2
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife BROWN, ROBERT L.
6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased SEPT (Month) 20 (Day) 1920 (Year)

8. AGE: Years 27 Months 8 Days 25 ~~26~~ If less than one day ..... hr. ..... min.

9. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation Candy Maker
11. Industry or business
FATHER
12. Name JACKSON, CREED
13. Birthplace TEXAS (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name SLOAN, MARTHA
15. Birthplace LOUISIANA (City, town, or county) (State or foreign country)
16. (a) Informant KCTB HOSPITAL
(b) Address KANSAS CY MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cem.
18. (a) Signature of funeral director Adkins Bros.
(b) Address 2000 E. 12th K.C. Mo
19. (a) 6-18-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 15 year 1948 hour 8 29 minute P M.
21. I hereby certify that I attended the deceased from May 6-1948, 19..., to June 15, 1948; that I last saw her alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 13 15	
Of autopsy	

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
23. Signature William David May (M. D. or other) M.D.
Address K C 3, Mo. 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 C. Kenneth Kerford

Licensed Embalmer, No. 4437

P. O. Address .....

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.