

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32809
Registrar's No. 4069

Registration District No. 149

Primary Registration District No. 1002

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:
3322 Campbell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 50 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. 3322 Campbell
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME CLARENCE STONE BROWN

3. (b) If veteran, name war xx
3. (c) Social Security No. 500-14-0780

4. Sex Male 5. Color or race Wh
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Ethel
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased March 6 6 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>68</u>	<u>68</u>	<u>6</u>	<u>28</u>	hr. min.

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

10. Usual occupation meat cutter

11. Industry or business.....

MOTHER FATHER

12. Name John Brown
13. Birthplace unknown
14. Maiden name Lucy Stone
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ethel Brown
(b) Address 3322 Campbell

17. (a) burial (b) Date thereof Oct. 7, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Bentley Mortuary
(b) Address 5811 Troost

19. (a) 10-7-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 4
year 1948 hour 11:45 minute 0 M.
21. I hereby certify that I attended the deceased from Brown, 19 , to , 19 ;
that I last saw h..... alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis
Due to arteriosclerosis
Due to.....
Other conditions (Include pregnancy within 3 months of death) 95%

Major findings:
Of operations.....
Of autopsy Heart & Prostate

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?

23. Signature James C. Walker (M. D. or other)
While at work (Specify type of place) (e) Means of injury
Address 1424 N. 1st Date signed 10-5-48

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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..... *Guy Pennington*.....
Licensed Embalmer No. *2756*.....
P. O. Address *R O 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.