

No. 300
1-10-47
5-17-39
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED DEC 29 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

40036
State File No. _____
Registrar's No. 5057

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:
GENERAL HOSPITAL # 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 das, 11 hrs, 25 mins
(Specify whether
In this community 40 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. 2001 East 9th Street
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME JOE BROWN
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex MALE 2
5. Color or race NEGRO
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 JANUARY 27th 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 10 0 hr. 1 min.

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

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER
12. Name MILO BROWN
13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name JANE
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Landlady: Mildred Oslin
(b) Address 2001 East 9th Street

17. (a) Burial (b) Date thereof 12-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____
19. (a) 12-13-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month NOVEMBER 27 day
year 1948 hour 9:40 minute A. M.
21. I hereby certify that I attended the deceased from NOVEMBER 19th 48 to NOVEMBER 27th 48
that I last saw him alive on NOVEMBER 27th 48
and that death occurred on the date and hour stated above.

Immediate cause of death UREMIA (CLINICAL) Duration _____
Due to ARTERIONEPHROSCLEROSIS
Due to GENERALIZED ARTERIOSCLEROSIS
Other conditions ARTERIOSCLEROTIC TYPE OF HEART DISEASE WITH HYPERTENSION
Major findings: Of operations 131a
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)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
E. Frank Ellis (Specify type of place) While at work (e) Means of injury _____
23. Signature _____ (M. D. or other) 11/29/48
Address 600 East 2nd St. Date signed 48

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.....

Not Embalmed, Registered Apprentice No.
working under my personal supervision.

Signed Wm. A. Johnson

Licensed Embalmer No. 3089

P. O. Address. ITC 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.