

FILED SEP 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30122

3761

BIRTH NO. 56914-49 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3761

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City "Rural"	
c. LENGTH OF STAY (In this place) 2 Days		d. STREET ADDRESS (If rural, give location) 1613 Alice	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lakeside Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Harold b. (Middle) Eugene c. (Last) Brown Jr.			4. DATE OF DEATH (Month) (Day) (Year) Sept. 1, 1949		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant		8. DATE OF BIRTH Aug. 30, 1949		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min. 2	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant		11. BIRTHPLACE (State or foreign country) K. C. Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	
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13a. FATHER'S NAME Harold E. Brown		13b. MOTHER'S MAIDEN NAME Delores M. Stumpfolt		14. NAME OF HUSBAND OR WIFE None	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Harold E. Brown		ADDRESS 1613 Alice	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis "ANTECEDENT CAUSES" Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity DUE TO (c): II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 days	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7605				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	
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22. I hereby certify that I attended the deceased from 8-30, 1949, to 9-1, 1949, that I last saw the deceased alive on 9-1, 1949, and that death occurred at 8:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE Wm. R. Jasper		23b. ADDRESS 3034 Harrison		23c. DATE SIGNED 9-1-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 2, 1949		24c. NAME OF CEMETERY OR CREMATORY Floral Hills		24d. LOCATION (City, town, or county) (State) Kansas City Missouri	
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DATE REC'D BY LOCAL REG. 9-1-49		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Earp & Sons		ADDRESS 4139 Truman Rd.	
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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

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

William Earp

Licensed Embalmer No. *4728*

P. O. Address *H. C. 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. ;