No. 300
10-48

FILED OCT 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30125

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4008

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 10 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RESEARCH HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CLAY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): EXCELSIOR SPRINGS
d. STREET ADDRESS (If rural, give location): 727 OLD ORCHARD

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): FRANCIS
c. (Last): BROWN

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 18 1949

5. SEX: MALE ✓
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 8, 1879
9. AGE (In years last birthday): 70 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Garment
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: unknown
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Tracy Simon Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S SIGNATURE OR NAME: Mrs. W. F. Brown
ADDRESS: Excelsior Springs Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infectious Hepatitis — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Recent Bowel Resection — 3 mo. ago.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Caecum
20. AUTOPSY? YES ☐ NO ☑

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-8, 1949, *to* 9-18, 1949, *that I last saw the deceased alive on* 9-18, 1949, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: E. A. Wilkinson (Degree or title)
E. A. Wilkinson, M.D.
23b. ADDRESS: 1332 Prof. Bldg. K.C. Mo.
23c. DATE SIGNED: 9-18-49

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 9-18-1949
24c. NAME OF CEMETERY OR CREMATORY: Crown Hill
24d. LOCATION (City, town, or county) (State): EXCELSIOR SPRINGS Mo

DATE REC'D BY LOCAL REG.: 9-18-49
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: Claude Pritchard
ADDRESS: Excelsior Spgs Mo

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 3 1950

MAR 24 1950

FEB 18 1954

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~~.....

..... Student Embalmer No. .....

working under my personal supervision.

Signed Eelbert E. White

Signed.....
Student Embalmer

Licensed Embalmer No. 4168

P. O. Address Excelsior Springs, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.