

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 29 1949

State File No. 33772

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4363

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <b>Town Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR <b>Town Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>50 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>1717 Campbell</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1718 East 9th St.</b>		e. FULL NAME OF HOSPITAL OR INSTITUTION <b>1718 East 9th St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Clinton</b> b. (Middle) <b>Brown</b> c. (Last) <b>Brown</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>October 10, 1949</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 6, 1886</b>
9. AGE (In years last birthday) <b>63</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	11. BIRTHPLACE (State or foreign country) <b>Saline County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Frank Brown</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Patrick</b>	14. NAME OF HUSBAND OR WIFE <b>Mamie Brown</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mamie Brown</b>
		ADDRESS <b>1717 Campbell</b>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>fractured skull - I wrist</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>St. Ann + S. femur</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>E9026</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Mist + Implications</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <b>Building Furniture Co.</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Kansas City Jackson Mo</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>10-10-49 11:30A</b>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Fell off Building</b>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Hugh H. Owens</b>	(Degree or title)	23b. ADDRESS <b>1536 P. O. Bldg.</b>	23c. DATE SIGNED <b>10-11-49</b>
24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10/15/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>General Cemetery Kansas City, Mo</b>	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <b>10-12-49</b>	REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wathelin Bros. 1739 Lydia</b>	

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

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Gerard Monlove*

Licensed Embalmer No. 3994

P. O. Address 2505 Highland

**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.