

THE DIVISION OF HEALTH OF MISSOURI
 FILED JUN 3 1950 STANDARD CERTIFICATE OF DEATH

16660
 State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2223

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>64 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2103 E. 36th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2103 E. 36th</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>		b. (Middle) <u>W.</u>		c. (Last) <u>Brownson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 14, 1950</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Oct. 31, 1858</u>		9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Western Union</u>		11. BIRTHPLACE (State or foreign country) <u>New York</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>Walter Brownson</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Coffey</u>		14. NAME OF HUSBAND OR WIFE <u>Verna Brownson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME Mo. ADDRESS <u>Mrs. Verna Brownson, 2103 E. 36th St., K.C.,</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal Broncho-pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Uremia</u>		<u>3 days</u>	
DUE TO (c) <u>Hypertrophy of Prostate Gland - Unknown</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>6/10X</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from May 12, 1950, to May 14, 1950, that I last saw the deceased alive on May 14, 1950, and that death occurred at 5:05 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Kenneth A. Davis</u> (Degree or title) <u>Kenneth A. Davis M.D.</u>		23b. ADDRESS <u>201 Plaza Theater Bldg</u> <u>Kansas City, Mo</u>		23c. DATE SIGNED <u>May 15, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/16/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Abbey</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>					

DATE REC'D BY LOCAL REG. <u>5-16-50</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE & McCLURE, Kansas City, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Kenneth Davis
Flora Wheeler Body

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

S. J. Allen

Signed.....

Student Embalmer

Licensed Embalmer No. *1415*

P. O. Address *Kemo*

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.