

FILED JUL 8 1950

STANDARD CERTIFICATE OF DEATH

State File No. 20096

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2727

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	
c. LENGTH OF STAY (In this place) 27 yrs.		d. STREET ADDRESS (If rural, give location) 1115 Charlotte	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2			

3. NAME OF DECEASED (Type or Print) Archie Brown			4. DATE OF DEATH (Month) (Day) (Year) June 17 1950		
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH 8-20-22		9. AGE (In years last birthday) 27		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction	
11. BIRTHPLACE (State or foreign country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.		10b. KIND OF BUSINESS OR INDUSTRY	

13a. FATHER'S NAME Benjamin Brown		13b. MOTHER'S MAIDEN NAME Bell Jackson		14. NAME OF HUSBAND OR WIFE --	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unk.		17. INFORMANT'S SIGNATURE OR NAME Dorothy Brown ADDRESS 1223 W. Sea	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY CONGESTION & EDEMA		ATELECTASIS BRONCHIAL PNEUMONIA		1937	
ANTECEDENT CAUSES		DUE TO (b) CEREBELLAR TUMOR <i>probably malignant</i>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		INTERNAL HYDROCEPHALUS HEALED RHEUMATIC HEART (MITRAL AORTIC VALVULITIS)			
Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 10-17 to 10-19 to 6-17, 1950, that I last saw the deceased alive on 6-17, 1950, and that death occurred at 6:45A m., from the causes and on the date stated above.

23. SIGNATURE E. Frank Ellis (Degree or title)		23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 6-20-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/22/50		24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery	
				24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	

DATE REC'D BY LOCAL REG. 6-20-50		REGISTRAR'S SIGNATURE Heraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Walden Reed ADDRESS 1729 Lydia	
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WRITE PLAINLY—USING 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

El. Jerome Malove

Licensed Embalmer No. *3991*

Signed.....
Student Embalmer

P. O. Address *2503 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.