

FILED OCT 3 1950

STANDARD CERTIFICATE OF DEATH

State File No. 30764

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5573 Registrar's No. 170

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Blue Springs Rural	c. LENGTH OF STAY (in this place) 4 1/2 yrs	c. CITY (If outside corporate limits, write RURAL and give township) Blue Springs (Rural)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1/2 mi south		d. STREET ADDRESS (If rural, give location) 1/2 mi south 0460	

3. NAME OF DECEASED (Type or Print) Hattie Brown			4. DATE OF DEATH (Month) (Day) (Year) Sept 18-1950		
a. (First)	b. (Middle)	c. (Last)			

5. SEX Fm	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow 2	8. DATE OF BIRTH Feb-2-1870	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR 7 Months	IF UNDER 24 HRS. 16 Days	IF UNDER 24 HRS. Mln.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Keeper	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ills	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Wm H. Whitney	13b. MOTHER'S MAIDEN NAME Elizabeth Teale	14. NAME OF HUSBAND OR WIFE H. Brown
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Jack L. Brown	ADDRESS Blue Springs Mo
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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) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH Unknown
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.			4201

19a. DATE OF OPERATION 0	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	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) (Min) 1 (Month) 1 (Day) 1950 (Year) 1 (Hour) 1 (Min)	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 Aug 1, 1949, to Sept 18, 1950, that I last saw the deceased alive on Sept 17, 1950, and that death occurred at 10:44 a.m., from the causes and on the date stated above.

23a. SIGNATURE J. W. Wottingham	J (Degree or title)	23b. ADDRESS Blue Springs Mo	23c. DATE SIGNED 8/18/1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 21-50	24c. NAME OF CEMETERY OR CREMATORY Wesley Chapel	24d. LOCATION (City, town, or county) (State) Kingsville Mo
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DATE REC'D BY LOCAL REG. 9-21-50	REGISTRAR'S SIGNATURE Donald C. Emswiler	25. FUNERAL DIRECTOR'S SIGNATURE Webb Funeral Home	ADDRESS Blue Springs Mo
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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 *R B Webb*

Signed.....
Student Embalmer

Licensed Embalmer No. *2353*

P. O. Address *Blue Springs 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.