

FILED NOV 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33447
4388
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	
c. LENGTH OF STAY (in this place) 19 yrs.		d. STREET ADDRESS (If rural, give location) 5311 BELLEFONTAINE	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL # 2			

3. NAME OF DECEASED (Type or Print) GEORGE BROWN			4. DATE OF DEATH (Month) (Day) (Year) 10-15-1950		
a. (First)		b. (Middle)		c. (Last)	

5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 4-12-1883	9. AGE (In years last birthday) 67	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEMAN	11. BIRTHPLACE (State or foreign country) VIRGIN ISLANDS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME UNKNOWN P. Eston Brown	13b. MOTHER'S MAIDEN NAME UNKNOWN Elizabeth Hatchet	14. NAME OF HUSBAND OR WIFE OPHELIA BROWN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 486-05-0181	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. OPHELIA BROWN 5311 BELLEFONTAINE
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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		INTERVAL BETWEEN ONSET AND DEATH 29 ^u
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) POSSIBLE PERNICIOUS ANEMIA		
	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.			

19a. DATE OF OPERATION	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)	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) (Minute)	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 10-6-1950, to 10-15-1950, that I last saw the deceased alive on 10-15-1950, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE Frank Bell (Degree or title) M.D.	23b. ADDRESS 600 East 22nd STREET	23c. DATE SIGNED 10-17-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct-18-1950	24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery	24d. LOCATION (City, town, or county) (State) K. C. MO.
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DATE REC'D BY LOCAL REG. 10-17-50	REGISTRAR'S SIGNATURE Shalldine Holmer	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. Applington Jones
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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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *E. J. Trust*

Licensed Embalmer No. *2-710*

P. O. Address *R. C. OMO*

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.