

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33802

State File No. _____

FILED NOV 3 1950

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|--|--|--|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>146</u> | | PRIMARY REG. DIST. NO. <u>3026</u> | | Registrar's No. <u>413</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Independence</u> | | c. LENGTH OF STAY (in this place) <u>4 weeks</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> <u>8150</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence Sanitarium</u> | | | | d. STREET ADDRESS (If rural, give location) <u>1447 South 35 th St.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>William</u> | | a. (First) _____ | | b. (Middle) <u>S.</u> | | c. (Last) <u>Brown</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>July 15, 1867</u> | |
| 9. AGE (In years last birthday) <u>83</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 1 YEAR Hours _____ Min. _____ | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 25 1950</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Minister</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Church</u> | | 11. BIRTHPLACE (State or foreign country) <u>LaCross, Wisconsin</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>Simpson Brown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Rebecca Hunt</u> | | 14. NAME OF HUSBAND OR WIFE <u>Alta Mae Brown</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>486-26-6982</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Helen Ricks</u> ADDRESS <u>1447 South 35 K.C.K.</u> | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>157X</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION: <u>Pathologist</u> | | | | 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 checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | |
| 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 <u>3:40 PM</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>W. E. Upsher</u> (Degree or title) <u>M.D.</u> | | | | 23b. ADDRESS <u>Independence, Mo</u> | | 23c. DATE SIGNED <u>10/26/50</u> | |
| 24a. BURIAL: CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>10-28-1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Maple Hill</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u> | |
| DATE REC'D BY LOCAL REG. <u>Oct. 26 1950</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Simmons Funeral Home, K.C.K.</u> | | | |

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 H. H. Simonson

Licensed Embalmer No. 3903

P. O. Address KC 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.