

FILED MAR 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4667

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 529

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 Mo		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City Mo	
c. LENGTH OF STAY (in this place) 30 Yrs		d. STREET ADDRESS (If rural, give location) 213 West 81st Terrace	
d. FULL NAME OF HOSPITAL OR INSTITUTION 213 W. 81st Terrace			

3. NAME OF DECEASED (Type or Print) a. (First) Mrs Mary Katherine b. (Middle) Browne c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 2 - 4 - 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH May 21 1872		9. AGE (In years last birthday) 78		10. UNDER 1 YEAR (Months) (Days) (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Houewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Virginia	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME John H. Jones		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE John L. Browne	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Anna A. Rice 7809 Main St	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerosis DUE TO (c) 24 hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cholecystitis			INTERVAL BETWEEN ONSET AND DEATH 9m 10hrs 4201
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Feb 27, 1950, to Feb 4, 1951, that I last saw the deceased alive on Feb 4, 1951, and that death occurred at 2:30 Am., from the causes and on the date stated above.

23a. SIGNATURE Kendall Blair (Degree or title)		23b. ADDRESS 1503 S 22nd		23c. DATE SIGNED 2-4-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-5-1951		24c. NAME OF CEMETERY OR CREMATORY Centralia	
24d. LOCATION (City, town, or county) (State) Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS France-Wornall Funeral Home			
DATE REC'D BY LOCAL REG. 2-5-51		REGISTRAR'S SIGNATURE Seraldine Holmes			

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 Russell M. France Student Embalmer No.

Signed.....
Student Embalmer

Licensed Embalmer No. 4255

P. O. Address K. C. 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.