

FILED JUN 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20064

2650

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 2650
1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo COUNTY Jackson		
b. CITY OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 37 1/2		
d. FULL NAME OF HOSPITAL OR INSTITUTION 2522 Prospect		d. STREET ADDRESS (If rural, give location) 2522 Prospect		
3. NAME OF DECEASED (Type or Print) a. (First) Mollie		b. (Middle) Brown		c. (Last) Brown
4. DATE OF DEATH (Month) (Day) (Year) 6-18-51				
5. SEX Female	6. COLOR OR RACE Cal.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH March 13 1882 69	
9. AGE (In years as birthday) Months Days Hours Min. - - - -		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Texas Cass. Co @
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME John Lockette		13b. MOTHER'S MAIDEN NAME Pent Know		14. NAME OF HUSBAND OR WIFE John Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS X Rial White 1910 Hallack N.C. K.S.
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis 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"/>
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) m.		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 5 57 1951, to 6 18 1951, that I last saw the deceased alive on 6-18-1951, and that death occurred at 8 30 p.m., from the causes and on the date stated above.				
23a. SIGNATURE C. W. Alexander (Degree or title) M.D.		23b. ADDRESS 715 1/2 N. S. W. Ave		23c. DATE SIGNED 6-19-51
24a. BURIAL, CREMATION, REMOVAL (Specify) West Lawn		24b. DATE 6-22-51		24c. NAME OF CEMETERY OR CREMATORY West Lawn
24d. LOCATION (City, town, or county) Kansas City		24e. (State) Kans		
DATE REC'D BY LOCAL REG. 6-22-51		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Nathan W. Hatcher 1520 78'

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Pa 1211

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.....

Licensed Embalmer No.....

P. O. Address.....

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.