

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 22958
3019

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
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) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 15 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY			
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2				d. STREET ADDRESS (If rural, give location) 1023 East 14th Street			
3. NAME OF DECEASED (Type or Print) a. (First) LUCILLE		b. (Middle) BROWN		c. (Last) BROWN		4. DATE OF DEATH (Month) (Day) (Year) JULY 8 1951	
5. SEX FEMALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH APRIL 4 1916	
9. AGE (In years last birthday) 35		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (State or foreign country) PHOENIX, ARIZONA	
11. BIRTHPLACE (State or foreign country) PHOENIX, ARIZONA		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME HENRY WELLS		13b. MOTHER'S MAIDEN NAME CALLIE WELLS Unknown	
14. NAME OF HUSBAND OR WIFE REUBEN BROWN		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. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME REUBEN BROWN	
17. INFORMANT'S SIGNATURE OR NAME REUBEN BROWN		18. ADDRESS 1023 East 14th Street		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) FAR ADVANCED PULMONARY TUBERCULOSIS		INTERVAL BETWEEN ONSET AND DEATH		* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES		DUE TO (b) _____		DUE TO (c) _____			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____		DUE TO (c) _____			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (b) _____		DUE TO (c) _____			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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) (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 <u>6-29</u> , 19 <u>51</u> , to <u>8-8</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>7-8</u> , 19 <u>51</u> , and that death occurred at <u>3:30P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE B. Frank Ellis		23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 7-9-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-17-51		24c. NAME OF CEMETERY OR CREMATORY Lippincott		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 7-17-51		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Ed. Davis			
25. FUNERAL DIRECTOR'S SIGNATURE Ed. Davis		ADDRESS 1415 Truman Rd.					

(Licensed Embalmer's Statement on Reverse Side)

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.....
C. E. Davis

Signed.....
Student Embalmer

Licensed Embalmer No. *4417*

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.