No. 300
10.48

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

FILED AUG 11 1951

THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 22959
Registrar's No. 2982

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

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City, Mo.
c. LENGTH OF STAY (in this place): 65 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 812 Benton Blvd.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City, Mo. 3118
d. STREET ADDRESS (If rural, give location): 3924 Bellefontain 3918

**3. NAME OF DECEASED** (Type or Print)
a. (First): Mary
b. (Middle): Minnie
c. (Last): Frances Brown

**4. DATE OF DEATH** (Month): July (Day): 12 (Year): 1951

**5. SEX**: Fe.
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: March 24, 1867
**9. AGE** (In years last birthday): 84 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**: Home
**11. BIRTHPLACE** (State or foreign country): Utica, N. Y.
**12. CITIZEN OF WHAT COUNTRY?**: U. S. A.

**13a. FATHER'S NAME**: John Show
**13b. MOTHER'S MAIDEN NAME**: Mary Frances Foley
**14. NAME OF HUSBAND OR WIFE**: Edgar Brown

**15. WAS DEATH CAUSED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service): ——————
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: Mrs. G. W. Johnson — **ADDRESS**: 3924 Bellefontain KCMO

**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) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Pneumonia Terminal
DUE TO (c) Hypertension Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Senility — 447X

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: None
**20. AUTOPSY?** YES ☐ NO ☒

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 9-16, 1942 *to* 7-12, 1951, *that I last saw the deceased alive on* June 10 1951, *and that death occurred at* 10 m., *from the causes and on the date stated above.*

**23a. SIGNATURE** Edw. H. Thiesen M D (Degree or title) — Edward H Thiesen MD
**23b. ADDRESS** Bergson Bldg
**23c. DATE SIGNED** 7-13-51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 7-14-51
**24c. NAME OF CEMETERY OR CREMATORY**: Calvary
**24d. LOCATION** (City, town, or county) (State): K. C. Mo.

**DATE REC'D BY LOCAL REG.**: 7-14-51
**REGISTRAR'S SIGNATURE**: Geraldine Holmes
**25. FUNERAL DIRECTOR'S SIGNATURE**: Mellody-McGilley-Eylar — **ADDRESS**: K. C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

P [illegible] time [illegible]
[illegible] 1pm.

## 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 [signature]

Licensed Embalmer No. 2999

P. O. Address KC

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.