

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4745

State File No. 766 Registrar's No.

FILED MAR 15 1954

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

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

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 town) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 30 yrs	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED a. (First) Vera		b. (Middle) C	c. (Last) Brown
4. DATE OF DEATH (Month) (Day) (Year) 2 17 1954		5. STREET ADDRESS (If rural, give location) 925 East 17th St., Rear	
5. SEX Female 3	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH Dec. 1, 1919
9. AGE (In years last birthday) 34	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Eldorator, Ark.
13a. FATHER'S NAME Silas Covington		13b. MOTHER'S MAIDEN NAME Lucy Franklin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mr. Henry Brown		ADDRESS 925 E. 17th St.	
14. NAME OF HUSBAND OR WIFE Henry Brown		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Severe Anemia of undetermined origin.		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cause unknown			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Cardiac Hypertrophy & dilatation. Parenchymatous degeneration of liver,		293X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION kidney, and heart.	
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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-16-54 , 19___, to 2-17-54 , 19___, that I last saw the deceased alive on 2-17-54 , 19___, and that death occurred at 2:40 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE E. Frank Eliza MD (Degree or title)		23b. ADDRESS 600 East 22nd Street	
23c. DATE SIGNED 2-18-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2/19/54	24c. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Kansas
DATE REC'D BY LOCAL REG. 2-19-54	REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE West, Appleton & Jones, Inc., 1905 ADDRESS	

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.....
Signature of Student Embalmer

Signed *Conrad A. Adams*.....

Licensed Embalmer No. 4948

P. O. Address 1905 V. J.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.