

16298

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 14 1954

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5572</u>		Registrar's No. <u>96</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Prairie Township</u>				c. LENGTH OF STAY (In this place) <u>14</u> <u>das.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Hospital</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City,</u>			
				d. STREET ADDRESS (If rural, give location) <u>2005 Indiana</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u>			b. (Middle) <u>Arthur</u>			c. (Last) <u>Brown</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 29, 1954</u>							
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Separated</u>		8. DATE OF BIRTH <u>August 26, 1906</u>	
9. AGE (In years last birthday) <u>47</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>3</u>		IF UNDER 24 HRS. Hours <u>3</u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Yellow Cab Company</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>(Laborer)</u>			11. BIRTHPLACE (State or foreign country) <u>Kansas City, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Harry Arthur Brown Sr.</u>			13b. MOTHER'S MAIDEN NAME <u>Ida Brummerhoff</u>			14. NAME OF HUSBAND OR WIFE <u>Ruby Brown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>488-26-3007</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ida Brown</u> ADDRESS <u>2005 Indiana K.C. Mo.</u>			
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) <u>Progressive Cerebral Vasculature</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>L. Hemipleg.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>alcoholic</u>					
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) (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>May 14,</u> 19 <u>54</u> , to <u>May 29,</u> 19 <u>54</u> , that I last saw the deceased alive on <u>May 29,</u> 19 <u>54</u> , and that death occurred at <u>7:30A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. E. Keith M.D.</u>				23b. ADDRESS <u>204 Argyle</u>		23c. DATE SIGNED <u>5/29/1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 1 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-31-1954</u>		REGISTRAR'S SIGNATURE <u>D. B. Langford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs C.L. Forster</u> ADDRESS <u>Funeral Home K.C. Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

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JUN 25 1954

AUG 19 1954

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. 3599

P. O. Address J.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.