

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 21 1956

30617

STATE FILE NUMBER

3734

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JACKSON					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1814 E. 24th St			Length of stay in lb 20 yrs		d. STREET ADDRESS 1814 E. 24th St		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) JAMES BROWN				4. DATE OF DEATH AUG. 24, 1956					
5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH JAN 15, 1902		9. AGE (In years last birthday) 54 IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PORTER AT HOTEL				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) HICKORY CREEK, OKLA U.S.A.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME FRANK BROWN				14. MOTHER'S MAIDEN NAME ANNIE HAYES					
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. 448-07-3993		17. INFORMANT Leauge Brown, Kansas City, Mo Address 1814 E. 24th St					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Tuberculosis DUE TO (b) _____ DUE TO (c) Tubercle Bacillus. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a) Chronic Total Adhesive Pericarditis, Hypertrophy of Spleen. INTERVAL BETWEEN ONSET AND DEATH 002 1/2									
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE L. M. Tillman M.D.				22b. ADDRESS 1618 Lydia Ave		22c. DATE SIGNED 8/25/56			
23a. BURIAL CREMATION REMOVAL (Specify)		23b. DATE Aug. 29, 1956		23c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery, Kansas City, Mo.		23d. LOCATION (City, town, or county) (State)			
24. FUNERAL DIRECTOR Jannie G. Meek, Kansas City, Mo		25. DATE RECD. BY LOCAL REG. 8-25-56		26. REGISTRAR'S SIGNATURE neva mitchell					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
L. M. Tillman

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.....
Bruce B. Whitman

Licensed Embalmer No. *450*

P. O. Address *18th St / Pa*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.