REC'D APR 23 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9921
Do not use this space.

REC'D APR 23 1938

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 399
(b) Township Kan — Primary Registration District No. 1002 — Registered No. 1386
(c) City Kansas City — (d) Street No. 5523 Crestwood Drive, St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jessie Lee Brown, 650
(a) Residence, No. 5523 Crestwood Dr. St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ira C. Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 13 - 1891

7. AGE: YEARS 47 — MONTHS — DAYS 16 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo. City, Missouri.

FATHER
13. NAME: O. S. Cravens,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri.

MOTHER
15. MAIDEN NAME: Birdie Wright
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri.

17. INFORMANT (ADDRESS): Ira C. Brown, 5523 Crestwood Drive.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah Cem. DATE 3-31-1938

19. FUNERAL DIRECTOR (ADDRESS): Mrs. C.L.Forster, 918 Brooklyn Avenue, K.C.Mo.

20. FILED Mch 31, 1938 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch. 29th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 29, 1938, to Mar 29, 1938
I last saw her alive on Mar 29, 1938. Death is said to have occurred on the date stated above, at 5:40 P.M.
The principal cause of death and related causes of importance were as follows:

Hemorrhage of the Posterior Inferior Cerebellar Artery — Date of onset

Other contributory causes of importance: Pulmonary Edema

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical Exa. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) George C. Lee, M. D.
(Address) 730 Professional Bldg. Kansas City Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12004

Dr. Lee.
Vic 2444.

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)