REC'D JAN 16 [illegible]

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

43330
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson 2 Registration District No. 398
(b) Township Blue 1 Primary Registration District No. 5554 Registered No. 359
(c) City Kansas City (d) Street No. 635 Hutting - Fairmount Station 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 Mrs. Florence A. Brown
(a) Residence, No. 635 Hutting - Fairmount Sta. 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): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29, 1883
7. AGE: YEARS 55 MONTHS 4 DAYS 28 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as saw mill, bank, etc.
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) Toledo Ohio 1

FATHER
13. NAME Noah F. Drullard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Toledo Ohio 1

MOTHER
15. MAIDEN NAME Julia Manor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Toledo Ohio 1

17. INFORMANT (ADDRESS) Mrs. Betty Leatherman 635 Hutting, Fairmount Sta
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE Dec. 29, 1938
19. FUNERAL DIRECTOR (ADDRESS) George C. Carson Independence Mo.
20. FILED 12-28-1938 F. L. Cook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 27, 1938
22. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1938, to Dec 24, 1938
I last saw her alive on Dec 4, 1938. Death is said to have occurred on the date stated above, at 6:40 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
8 2 4	
Other contributory causes of importance: arterial Hypertension	1937 1 year

Name of operation none Date of —
What test confirmed diagnosis? — 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?
If so, specify
(Signed) Fred W Hunt, M. D.
(Address) Fairmount 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.

50M-7-20-37 I X12004

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.)