

REC'D SEP 20 1939

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

29336
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
(b) Town or City Blue Springs Primary Registration District No. 6564 Registered No. 257
(c) City Blue Springs (d) Street No. Highway 29 Browns Court 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

(a) Residence, No. 654 Claude P. Brown St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Belle E. Brown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3, 1872
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
67 2 8
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Motor Car Dealer
10. Date deceased last worked at this occupation (month and year) 1932 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brunswick Missouri
13. NAME John Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
15. MAIDEN NAME Eleopatra Linder
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record
17. INFORMANT (ADDRESS) Mrs. Belle E. Brown Kansas City, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE W. Washington DATE Aug 14 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) George E. Carson Independence, Mo.
20. FILED 8-14-39 F. L. Cook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-11-1939
22. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1937, to Aug 11, 1939.
I last saw him alive on Aug 11 1939 Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:
Myocardial Degeneration
Coronary Thrombosis
Date of onset
Other contributory causes of importance: None
Name of operation E.K.G. Date of 1939
What test confirmed diagnosis? E.K.G. Was there an autopsy? Yes
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 None
(Signed) Dr. Hillman M. D.
(Address) 10307 Indep ave HBMO
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N. E.—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.

Dr. Hillman (Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.