

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2435 Woodland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Unknown
years, months or days)

3. (a) PRINT FULL NAME

Elmer A. Brown

(b) If veteran, name war. No

(c) Social Security No. No

4. Sex male

5. Color or race bal

6. (a) Single, widowed, divorced, div.

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 2 1917
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>22</u>	<u>8</u>	<u>29</u>	hr. _____ min.

9. Birthplace Ark (City, town, or county) (State or foreign country)

10. Usual occupation Police

MOTHER FATHER

11. Industry or business _____
12. Name Louis Brown
13. Birthplace Tenn (City, town, or county) (State or foreign country)
14. Maiden name Margaret White
15. Birthplace Tenn (City, town, or county) (State or foreign country)

16. (a) Informant Margaret White
(b) Address 2435 Woodland

17. (a) burial (b) Date thereof 3-18-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director Tenn's Funeral Home
(b) Address 1905 E 14 St

19. (a) 3-18-40 (b) M. M. Crane
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) me (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2435 Woodland
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 13
year 1940 hour 5 minute 15 M.

21. I hereby certify that I attended the deceased from Feb 18
1940 to March 13, 1940
that I last saw him alive on March 13, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
Duration 24 hrs

Due to 11a

Due to _____

Other conditions La grippe
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature L. J. Miller (M. D. or other)
Address 1203 Base Date signed 3/19/40

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

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 *R. J. Harris, Sr.*

Licensed Embalmer No. 3388

P. O. Address K.C. 740

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.