o. 2
-10-39
7-39
X21492

FILED JUN 17 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17702

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2229

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5520 St John 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City, Mo.
(If outside city or town limits write "RURAL")

(d) Street No. 5520 St John
(If rural, give location)

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

3. (a) PRINT FULL NAME William Forest Brown 650

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edna Brown

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Jan. 23, 1869
(Month) (Day) (Year)

8. AGE: Years 71 Months 4 Days 6 If less than one day hr. min.

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

10. Usual occupation Retired Grocer

11. Industry or business Self. 0

FATHER
12. Name Wm. Clifford Brown 0
13. Birthplace (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Lucy Ann Brown
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Edna Brown
(b) Address 5520 St John, K.C.Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1-40 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery Mexico, Mo.

18. (a) Signature of funeral director C.H.Blackman & Son, Inc.
(b) Address 2825 Indep. Blvd. K.C.Mo.

19. (a) May 31, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29th
year 1940 hour 10 minute 50 P M.

21. I hereby certify that I attended the deceased from Feb 15-40, 19__, to May 29, 1940
that I last saw him alive on May 29, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertension heart Myocardial Insufficiency	
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

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

23. Signature R L St Clair (M. D. or other)
Address 5242 St John Date signed May 31-40

(Licensed Embalmer's Statement on Reverse Side)

Dr. St Clair

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 H O Blackman

Licensed Embalmer No. 3639

P. O. Address Ft. Smith

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.