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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1941

Registration District No. 1399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5835

Registrar's No. 607

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

8
3
8

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: 2704 Campbell 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 35 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 0
(If outside city or town limits, write "RURAL")

(d) Street No. 2704 Campbell
(If rural, give location) 0

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

3. (a) PRINT FULL NAME Mrs. Eliza Catherine Brown

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife John C. Brown

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

7. Birth date of deceased January (Month) 30, (Day) 1854 (Year).

8. AGE: Years 87 | Months 0 | Days 9 | If less than one day hr. min.

9. Birthplace Ray County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Jackson Hill
13. Birthplace Va. (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Evelyn Simmerman
15. Birthplace Va. (City, town, or county) (State or foreign country) 1

16. (a) Informant Moreland Brown
(b) Address Lake of the Ozarks, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-11-41 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director J. W. Wagner
(b) Address Kansas City, Missouri

19. (a) 2/11/41 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9th
year 1941 hour 5 minute 00 A.M.

21. I hereby certify that I attended the deceased from , 19 to Feb 9th, 1941
that I last saw her alive on Feb 9th, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive Heart Failure	5 hrs
Due to Hypertensive Cardio-vascular Disease	?
Due to 93 D	
Other conditions (Include pregnancy within 3 months of death) 93 A	

Major findings:
Of operations
Of autopsy

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 D

23. Signature M Harless M.D. (M. D. or other)
Address 6249 - Brookside Blvd Date signed 2/10/41

(Licensed Embalmer's Statement on Reverse Side)

6247 Brookside Blvd,
Dec 23 3:30 to 5:30

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 Cecil R. Matthes

Licensed Embalmer No. 380-7

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.