No. 2
11-10-39
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X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 7 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20630

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 2160

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: 3922 Harrison, / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution x (Specify whether years, months or days) In this community 50 years,

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri, (b) County: Jackson,
(c) City or town: Kansas City, (If outside city or town limits write "RURAL")
(d) Street No.: 3922 Harrison, 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? x years.

3. (a) PRINT FULL NAME: Mrs. Leonora A. Brown,
3. (b) If veteran, name war: x
3. (c) Social Security No.: x
4. Sex: Female /
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed,
6. (b) Name of husband or wife: Lazurn Brown,
6. (c) Age of husband or wife if alive: x years
7. Birth date of deceased: May (Month) 28th (Day) 1869 (Year)
8. AGE: Years 71 | Months 11 | Days 4 | If less than one day ___ hr. ___ min.
9. Birthplace: Missouri, (City, town, or county) 0 (State or foreign country)
10. Usual occupation: at home,
11. Industry or business: x
MOTHER · FATHER
12. Name: David Austin,
13. Birthplace: Kentucky, / (City, town, or county) (State or foreign country)
14. Maiden name: Marice J. Mason,
15. Birthplace: Kentucky, / (City, town, or county) (State or foreign country)
16. (a) Informant: David Brown,
(b) Address: 2751 Charlotte, Kansas City, Mo.
17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 6-4-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill Cemetery,
18. (a) Signature of funeral director: Stine & McClure,
(b) Address: 3235 Gillham Plaza, K. C., Mo.
19. (a) 6/4/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd, year 1941 hour 5:00 minute P. M.
21. I hereby certify that I attended the deceased from Feb 10 1941, 19__, to June 2, 1941, that I last saw h. alive on June 2, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma Cervix Uteri
(Primary (Uterine))
Due to:
Due to:
Other conditions: None
(Include pregnancy within 3 months of death)
Major findings: Of operations: None
Of autopsy: None

Duration

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): None
(b) Date of occurrence: None
(c) Where did injury occur? None (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? No (e) Means of injury: 0
23. Signature: E. P. Monaghan (M. D. or other)
Address: 311 Wyandotte Bldg. Date signed: 1/2 2/6

(Licensed Embalmer's Statement on Reverse Side)

Dr. E. P. Monahan,
any pls Bldg 1 to 4-30

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 Willis H Bennett, Registered Apprentice No. 282 working under my personal supervision.

Signed [signature]

Licensed Embalmer No. [illegible]

P. O. Address [illegible]

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, above space should be left blank.