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4-41
-39
K26390

FILED NOV 13 1941
Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **3806**

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: **Wheatley Provident Hospital**
(If not in hospital or institution, write street number or location)
Six Days
 (d) Length of stay: In hospital or institution **Ten Years** (Specify whether years, months or days)
 In this community **John Henry Brown**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson 048**
 (c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL") **8**
 (d) Street No. **2114 E. 13th St.**
(If rural, give location) **No**
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **11**

3. (a) PRINT FULL NAME **John Brown**

3. (b) If veteran, name war **Unk.** **3. (c) Social Security No.** **703-03-8952**

4. Sex **Male** **5. Color or race** **Negro** **6. (a) Single, widowed, married, divorced** **Married**

6. (b) Name of husband or wife **Effie Brown** **6. (c) Age of husband or wife if alive** **53** years

7. Birth date of deceased **Sept. 5** (Month) **1891** (Day) (Year)

8. AGE: Years **50** Months **1** Days **-** If less than one day hr. min.

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

10. Usual occupation **Car Cleaner**

11. Industry or business **Terminal R. R. Co**

12. Name **Henry Brown**

13. Birthplace **Lawson Missouri** (City, town, or county) (State or foreign country)

14. Maiden name **Dont Know**

15. Birthplace **Dont Know** (City, town, or county) (State or foreign country)

16. (a) Informant **Effie Brown**

(b) Address **2114 E. 13th St.**

17. (a) Removal (Burial, cremation, or removal) **(b) Date thereof** **Oct. 12-41** (Month) (Day) (Year)

(c) Place: burial or cremation **St. Joseph**

18. (a) Signature of funeral director **W. H. Appleton**

(b) Address **1012 1/2 N. 1st St. Kansas City, Mo.**

19. (a) (Date received local registrar) **10/12/41** **(b) (Registrar's signature)** **M. H. Crowe**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **5** year **1941** hour **11:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **9/29/41** to **10/5/41** 19. to 19.

that I last saw him alive on **10/5/41** 19. and that death occurred on the date and hour stated above.

Immediate cause of death **Suberculosis** **meningitis**

Due to **some extent**

Due to **Chillsore infection**

Other conditions **tuberculosis, etc.**

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? **✓**

Major findings:
 Of operations **✓**

Of autopsy **✓** **14**

23. Signature **Edw. P. Keller** (M. D. or other)

Address **1010 Crofton Bldg.** **Date** **10/11/41**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

C. H. West

Licensed Embalmer No. *2710*

P. O. Address.....

Kansas City Mo

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

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