

FILED FEB 11 1942
Registration District No. 399

Primary Registration District No. 1002

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

1. PLACE OF DEATH: Jackson
 (a) County Kansas
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Colonial Rest Home 5
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 mo.
 (Specify whether
 In this community 30 yrs
 years, months or days)

3. (a) PRINT FULL NAME NELLIE B. BROWN
 3. (b) If veteran, name war -
 3. (c) Social Security No. -

4. Sex Female, 5. Color or race White
 6. (a) Single, widowed, married, divorced widow
 6. (b) Name of husband or wife Charles W. Brown
 6. (c) Age of husband or wife if alive 10 years
 7. Birth date of deceased Sept 10 1875
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>4</u>	<u>1</u>	hr. min.

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

10. Usual occupation housekeeper at home

11. Industry or business _____

12. Name James Parmerlee

13. Birthplace Don't know
 (City, town, or county) (State or foreign country)

14. Maiden name -

15. Birthplace -
 (City, town, or county) (State or foreign country)

16. (a) Informant Roy C Wilcox

(b) Address 4444 Bell

17. (a) Burial (b) Date thereof Jan 15 - 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia Mo.

18. (a) Signature of funeral director Geo F. Porter + Sons

(b) Address 915 N 10 1/2 W. Kansas City, Mo.

19. (a) 1-13-42 (b) H. M. Brown
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4444 Bell
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 11
 year 1942 hour 8 minute P.M.
 21. I hereby certify that I attended the deceased from Jan. 11, 1942
for 1939, to Jan. 11, 1942
 that I last saw her alive on Jan. 11, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarct.
 Due to Arteriosclerosis + Diabetic Mellit.
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 61
 Major findings: Of operations none.
 Of autopsy _____
 Duration 8 months
 ?
 ?
 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)
 (e) Means of injury _____
 23. Signature Olson Carter
 Address 242 Plaza Medical Bldg. Date signed 1/13/42

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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.....

Howard L Porter

Licensed Embalmer No.....

3751

P. O. Address.....

915 N 10 Kauder

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, fact should be so stated above.