

S. No. 2
-1-4-41
5-17-39,
P I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5229

FILED MAR 9 1942
Registration District No. 299

Primary Registration District No. 1002

State File No.

Registrar's No. 614

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:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 Days
(Specify whether
In this community _____
years, months or days)

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. 6214 Swope Parkway
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Winifred E. Brown

3. (b) If veteran. name war None
3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 2 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 9
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business At Home

12. Name LaFayette LaPlue

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ellen Conover

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

16. (a) Informant Mrs. J. C. Williams

(b) Address 6214 Swope Parkway

17. (a) Burial (b) Date thereof Feb. 13, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral director D. J. Williams

(b) Address 1401 Brush Creek Blvd.

19. (a) 2/12/42 (b) M. M. Cropper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11
year 1942 hour 7 minute 05 A.M.

21. I hereby certify that I attended the deceased from Oct 29 1941 to Feb 11 1942
that I last saw her alive on Feb 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer - unknown origin
Due to which produced an

Due to tubercular abscession
Other conditions (include pregnancy within 3 months of death) 50%

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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 Hubert H. Mandy (M. D. or other) M.D.
Address 608 Prof. Kelly Date signed 2-12-42

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

MOTHER FATHER

Dr. H. L. Mantz
Prof. Oldg
12-1

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..... *N. C. Newcomer Jr.*
Licensed Embalmer No. *4043*
P. O. Address *N. C. Mo.*

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.