

FILED MAR 9 1948
Registration District No. _____

Primary Registration District No. 5554

Registrar's No. 60

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

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: Wilson Rd & Oxford Mo. Pac. R.R.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME LUTHER BROWN

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

4. Sex Male 5. Color or white 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased July 3, 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 29 If less than one day
hr. _____ min. _____

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

10. Usual occupation Quintessence

11. Industry or business School of Education

12. Name John Brown

13. Birthplace no record
(City, town, or county) (State or foreign country)

14. Maiden name no record

15. Birthplace no record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Claude Brown

(b) Address 10815 Indef. Ave

17. (a) Burial (b) Date thereof 2/7/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cem.

18. (a) Signature of General Director George C. Carson

(b) Address Independence Mo.

19. (a) Feb. 4/42 (b) J. Maxwell Ross
(Date received local registrar) (Registrar's signature)

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. 9136 Wilson Rd.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 2 year 1943
hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him/her on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
due to atherosclerosis
due to hypertension
due to hypertension
Other conditions (include pregnancy within 3 months of death) None

Major findings: Of operations 169-6

Of autopsy 30

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 2-2-43

(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? Yes
R.R. tracks
(Specify type of place) (e) Means of injury None

23. Signature Perrell (M. D. or other) _____
Address _____ Date signed _____

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 _____

Licensed Embalmer No. 2467

P. O. Address Indy, 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.