

No. 2
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5-17-39
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9497

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 25 1942
399
Registration District No.

Primary Registration District No. 1002

Registrar's No. 1457

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:
5804 Anderson Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 35 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 049
 (c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
 (d) Street No. 5804 Anderson
(If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country..... 0

3. (a) PRINT FULL NAME Mrs. Frances E. Brown
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Female
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband Andrew M. Brown
 6. (c) Age of husband or wife if alive 52 years
 7. Birth date of deceased January 15 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 2 26 hr. min.

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

10. Usual occupation At Home

11. Industry or business.....
 12. Name George E. Dillen
 13. Birthplace Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Sallie Wyman
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Andrew M. Brown
 (b) Address 5804 Anderson Ave.

17. (a) BURIAL (b) Date thereof 4-14-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Freeman Mortuary
 (b) Address Kansas City, Missouri

19. (a) 4-13-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 11 -
 year 42 hour 5 minute 39 9. M.
 21. I hereby certify that I attended the deceased from April 6
 1942 to April 10 1942
 that I last saw her alive on April 10 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death acute dilatation of heart
Carcinoma of stomach 3 yrs.
 Due to 46 B
 Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations.....
 Of autopsy none
 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 Dr. Clarence Anderson, M.D.
 Address 6520 Indef. Ave. Date signed 4-11-42
(M.D. or others)

MAY 20 1955

Re. 0756

1:30

The M. O. Emballment
6510 S. 1st St. E.
Sandy, Ore.

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 Charlene W. Chiles

Licensed Embalmer No. 3473

P. O. Address 76 E 7th

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.