

FILED APR 25 1942 99

State File No. ....

Registration District No. 239

Primary Registration District No. 1002

Registrar's No. 1458

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:  
5163 Wornall Road,  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution X  
(Specify whether  
In this community 6 years,  
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. 5163 Wornall Road,  
(If rural, give location)  
(e) Citizen of foreign country? X (Yes or No)  
If yes, name country X D

3. (a) PRINT FULL NAME Whitney Holden Brown,

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Emily Huffman Brown, 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased November 15 1863  
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 28 22 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Mining

12. Name Samuel N. Brown,

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

14. Maiden name Eleanor Dana Holden,

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

16. (a) Informant Mrs. Leo Collins,

(b) Address 5163 Wornall Road, K. C., Mo.

17. (a) Cremation (b) Date thereof 4-13-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

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 13th  
year 1942 hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from Mar 28  
1942 19... to Apr 13 19...  
that I last saw him alive on Apr 12 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myocardial infarction Duration ?

Due to arterio-sclerosis nephritis, chr.

Other conditions 1316  
(Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy  
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 M. M. Crowe (M. D. or other) MD  
Address 1107 Bryant B Date signed 4/15/42

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

48  
3  
8

Dr. W. A. Jackson,

*By*

*1 P.M.*

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**