S. No. 2
—4-13-40
. 5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13248

Registration District No. 399 MAY 7 1942

Primary Registration District No. 1002

Registrar's No. 1541

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: General Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days. (Specify whether years, months or days)
In this community 49 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 1104 Tracy 8
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 6 years.

3. (a) PRINT FULL NAME: LESLIE Otto BROWN
3. (b) If veteran, name war: World War
3. (c) Social Security No. 513 01 6820
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Ruby Brown
6. (c) Age of husband or wife if alive: 39 years
7. Birth date of deceased: Feb (Month) 2 (Day) 1893 (Year)

8. AGE: Years 49 | Months 2 | Days 16 | If less than one day ___ hr. ___ min.

9. Birthplace: Kansas (City, town, or county) / (State or foreign country)
10. Usual occupation: Meat Cutter
11. Industry or business:
FATHER 12. Name: Wesley Brown
13. Birthplace: Ky. (City, town, or county) / (State or foreign country)
MOTHER 14. Maiden name: Ellen Farmer
15. Birthplace: Iowa (City, town, or county) / (State or foreign country)
16. (a) Informant: Ruby Brown
(b) Address: 1104 Tracy
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr. 23 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Nat. Cem. Wadsworth Kas.
18. (a) Signature of funeral director: Mrs CL. Forster
(b) Address: 618 Brooklyn
19. (a) 4/20/42 (Date received local registrar) (b) M. M. Growe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ___ day 4-18-42
year ___ hour ___ minute ___ a.m. or p.m.
21. I hereby certify that I attended the deceased from ___, 19___, to 10 or P.M. ___, 19___;
that I last saw alive on ___, 19___;
and that death occurred on the date and hour stated above.

Coroner

	Duration
Immediate cause of death: Subdural cerebral hemorrhage	
Due to: Fracture of the skull	
Due to: Injury by fall	
Other conditions: (Include pregnancy within 3 months of death) 1860	

Major findings:
Of operations: 0
Of autopsy: Yes

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): Accident 123
(b) Date of occurrence: 4-13-42
(c) Where did injury occur? K. C. (City or town) Jo. (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury: B
23. Signature: Trevor M. Bixler (M. D. or other)
Address: K. C. Mo. Date signed

361 (Licensed Embalmer's Statement on Reverse Side)

MAY 8 1942

SEP 27 1945

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 Dwight C. Browning

Licensed Embalmer No. 27 24

P.O. Address Jr. C. Md

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.