

FILED JUN 11 1942

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **2130**

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:  
**309 Garfield**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community **50 yrs** (Specify whether 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. **522 East 11 St**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Lewis Jesse Brown**

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

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

6. (b) Name of husband or wife **Dora Ella Brown** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **July 14 1870**  
(Month) (Day) (Year)

8. AGE: Years **71** Months **10** Days **16** If less than one day..... hr. .... min.

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

10. Usual occupation **Pressman (Retired)**

11. Industry or business **Kansas City Star**

12. Name **John Lewis Brown**

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

14. Maiden name **Tabitha Anderson**

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

16. (a) Informant **Linda Brown**

(b) Address **3513 Lexington**

17. (a) Burial (b) Date thereof **June 2 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cem.**

18. (a) Signature of funeral director **Mrs C.L. Forster**

(b) Address **18 Brooklyn**

19. (a) **6-1-42** (b) **M. M. Crowe**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **30** year **1942** hour **7** minute **30P** M.

21. I hereby certify that I attended the deceased from **May 28**, 19**42** to **May 28th**, 19**42** that I last saw **him** alive on **May 28th**, 19**42** and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**Nephritis Chronic**  
Due to.....  
**Prostatitis Chronic**  
Due to.....  
Other conditions (Include pregnancy within 3 months of death) **131B**

Major findings: Of operations.....  
Of autopsy.....

Duration  
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 **Calvin A. Beard** (M. D. or other).....  
Address **2307 B Regent Bldg** Date signed **5-1-42**

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

MOTHER FATHER

Dr. Calvin Beard  
Bryant Hosp. Hk 2824  
165 E. -  
11th Street

**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 Daniel C. Browning

Licensed Embalmer No. 2724

P. O. Address 21. 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.