

S. No. 2
 Form 5-42
 v. 5-17-39
 X32873

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED NOV 9 1942

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

32644
 State File No. 33893
 Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
 (c) Name of hospital or institution: General Hospital No. 20
 (d) Length of stay: In hospital or institution 10-13-42-10-18-42
 In this community 3 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Kansas (b) County Wyandotte
 (c) City or town Kansas City
 (d) Street No. 433 Freeman
 (e) Citizen of foreign country? No
 If yes, name country 2

3. (a) PRINT FULL NAME GEORGE BROWN
 (b) If veteran, name war
 (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 18 year 1942 hour 2 minute 10 P.M.

4. Sex Male 2
 5. Color or race Negro
 6. (a) Single, widowed, married, divorced
 6. (c) Age of husband or wife if alive 1891

21. I hereby certify that I attended the deceased from October 13 1942 to October 18 1942
 that I last saw him alive on October 18 1942
 and that death occurred on the date and hour stated above.
 Immediate cause of death Cachexia

8. AGE: 5 Years Months Days If less than one day

Due to Cirrhosis of Liver (Atrophic)

9. Birthplace Kansas City Kansas Porter

Due to 17.4 12!

10. Usual occupation Public buildings

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

11. Industry or business Public buildings
 12. Name William Brown
 13. Birthplace Vicksburg Miss. 1
 14. Maiden name Rosa
 15. Birthplace Don't know 9

Major findings: Of operations
 Of autopsy
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Beatrice Dennis
 (b) Address 537 Freeman Ave.
 17. (a) Burial Removal (b) Date thereof 10-22-42
 (c) Place: burial or cremation Westlawn Cemetery

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?
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director W. M. Stalder
 (b) Address 1520 North 5th
 19. (a) 10-22-42 (b) M. M. Crowe
 (Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) Means of injury
 23. Signature G. O. Dennis (M. D. or other)
 Address Genl Hosp 600 E. 22 Date signed 10-21-42

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 *Nathaniel W. Fletcher*

Licensed Embalmer No. *2700*

P. O. Address. *1520 N. 5th*

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.