V. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 20 1942

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 32646

Registrar's No. 3625

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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: 3112 East 52nd Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: -----
In this community: 13 Years (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.: 3112 East 52nd Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: -----

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3. (a) PRINT FULL NAME: Mrs. Lousettie 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: Widowed
6. (b) Name of husband or wife: Mr. Charles Brown
6. (c) Age of husband or wife if alive: ----- years
7. Birth date of deceased: March (Month) 26 (Day) 1866 (Year)
8. AGE: Years 76 Months 5/6 Days 5 If less than one day ____ hr. ____ min.
9. Birthplace: Unionville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: At Home
11. Industry or business: -----
FATHER 12. Name: D. P. McKinley
FATHER 13. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country) /
MOTHER 14. Maiden name: Elizabeth Harmon
MOTHER 15. Birthplace: Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant: Mrs A. E. Numocks
(b) Address: 3112 E 52 St.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Oct. 2, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Unionville, Missouri
18. (a) Signature of funeral director: O. H. Newcomer's Sons
(b) Address: 1401 Brush Creek Blvd.
19. (a) 10-2-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day First year 1942 hour 1:50 minute A.M. M.
21. I hereby certify that I attended the deceased from March 1936 to Oct 1st 1942, that I last saw her alive on Oct 1st 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	
Due to: Chronic Hypertension and Coronary Sclerosis	
Due to: age	
Other conditions: Cardiac Deficiency (Include pregnancy within 3 months of death)	

Major findings:
Of operations: None
Of autopsy: None

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): —
(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: Newton A. Jeffers (M. D. or other)
Address: 3204 East 52 Date signed

(Licensed Embalmer's Statement on Reverse Side)

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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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address R 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.