S. No. 2
M—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 18 1942

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39574
State File No.

Primary Registration District No. 1002

Registrar's No. 4490

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

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: 1716 W. 34th St. Terrace, (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: Since 10-19-1942

2. USUAL RESIDENCE OF DECEASED:
(a) State: Arkansas (~~Missouri~~) (b) County: ~~Jackson~~
(c) City or town: Eureka Springs (If outside city or town limits, write "RURAL")
(d) Street No.: - 97 Mountain Street- (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 2

3. (a) PRINT FULL NAME: Mrs. Caroline Brown
3. (b) If veteran, name war: ——
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: No record
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July 15th 1871 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
71	4	19 18	hr. min.

9. Birthplace: Norway (City, town, or county) 4 (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Atton Salsberg
13. Birthplace: Norway (City, town, or county) 4 (State or foreign country)
MOTHER 14. Maiden name: Unknown
15. Birthplace: Norway (City, town, or county) 4 (State or foreign country)
16. (a) Informant: Earl Brown, Son
(b) Address: 1716 W. 34th St. Terrace
17. (a) Burial -Removal (Burial, cremation, or removal) (b) Date thereof: 12-5-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Eureka Springs, Ark.
18. (a) Signature of funeral director: Nelson Funeral Home
(b) Address: Berryville, Ark
19. (a) 12-5-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 4th year: 1942 hour: 6 minute: 30 P. M.
21. I hereby certify that I attended the deceased from Nov 2, 1942, to Dec 3, 1942, that I last saw her alive on Dec 1, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Generalized Carcinomatosis	
Due to: Ca tail of pancreas	
Due to:	
Other conditions: Myocardial failure. (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: as above

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: John A. Maclean (M. D. or other) M.D.
Address: 315 Alameda Rd. K.C. Mo. Date signed: 12/4/42

(Licensed Embalmer's Statement on Reverse Side)

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.