

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registered at _____
FILED JAN 11/1943

Primary Registration District No. 1002

Registrar's No. 4918

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: North East Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether _____)

In this community 10 yrs -
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. 1030 Benton (If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Charles S. Brown

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or Race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louise Brown

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Nov 21 1885
(Month) (Day) (Year)

8. AGE: Years 57 Months 1 Days 10

If less than one day hr. _____ min. _____

9. Birthplace Ontario 2
(City, town, or county) (State or foreign country)

10. Usual occupation Dr. Oflam

11. Industry or business Self

12. Name Clifton E. Brown

13. Birthplace Buffalo N.Y.
(City, town, or county) (State or foreign country)

14. Maiden name Amelia R.

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

16. (a) Informant Louise Brown

(b) Address 1030 Benton

17. (a) Removal (b) Date thereof 12-31-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Ignace M.D.

18. (a) Signature of funeral director M. C. J. Foster

(b) Address 918 Brooklynt

19. (a) Dec 31 1942 (b) Robt. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31
year 1942 hour Eleven minute 50 A.M.

21. I hereby certify that I attended the deceased from Dec 25
1942 to Dec 31 1942

that I last saw him alive on Dec 31 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis with acute dilatation Duration 5 days

Due to _____

Due to 93 D

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 H. G. Jemison (M. D. or other) D.O.

Address 5700 Independence Ave Date signed 12/31/42

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

MOTHER FATHER

STATE OF MISSISSIPPI

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 me
....., Registered Apprentice No.
..... working under my personal supervision.

Signed J. Clair Sheppard
..... Licensed Embalmer No. 4179
..... P. O. Address K. C. no.

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.