

FILED DEC 28 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4603

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 K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 10 days  
(Specify whether years, months or days)  
 In this community about 6 months

3. (a) PRINT Mrs. Leota Brown  
 FULL NAME Mae

3. (b) If veteran, name war no.  
 3. (c) Social Security No. no.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Climent E. Brown  
 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased July 9 1919  
(Month) (Day) (Year)

8. AGE: Years 23 Months 5 Days 1  
 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business at home

MOTHER FATHER { 12. Name Theodore Lindsay  
 13. Birthplace Missouri  
 14. Maiden name Lillie Carter  
 15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Climent E. Brown

(b) Address 221 West 81st Terrace, K.C., Mo.

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

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C. Mo.

19. (a) 12-11-42 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri Jackson  
 (a) State (b) County  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 221 West 81st Terrace  
(If rural, give location)  
 (e) Citizen of foreign country? no. (Yes or No)  
 If yes, name country z

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10th  
 year 1942 hour 9 minut 32 A.M.

21. I hereby certify that I attended the deceased from 12-1-42, 19... to 12-10-42, 19...;  
 that I last saw h er alive on 12-10-42, 19...;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia  
 Duration

Due to Aplastic anemia complicating pregnancy

Due to 101

Other conditions 101  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy See above

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 at home  
(Specify type of place) (Means of injury)

23. Signature Dr. R. R. Stine (M. D. or other)  
Med. Dir. K.C. Gen. Hospital K.C. Mo.  
 Address Date signed

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

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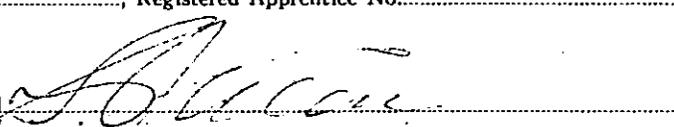
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**STATEMENT BY LICENSED EMBALMER**

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



Licensed Embalmer No. 1415

P. O. Address 19. 9. 1750

**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.**