

FILED JAN 11 1943

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 4968

1. PLACE OF DEATH: JACKSON  
 (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: 1723 michigan Ave.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution... none (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County JACKSON  
 (c) City or town KANSAS CITY  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1723 michigan Ave.  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country

3. (a) PRINT FULL NAME William BROWN.  
 3. (b) If veteran, name war no  
 3. (c) Social Security No none

4. Sex M. 5. Color or Race Col.  
 6. (a) Single, widowed, married, divorced SINGLE  
 6. (b) Name of husband or wife  
 6. (c) Age of husband or wife if alive years

7. Birth date of deceased: SEPT. 1880  
 (Month) (Day) (Year)

8. AGE: Years 62 Months 3 Days hr. min.

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

10. Usual occupation: Chauffeur

11. Industry or business: retired

MOTHER FATHER  
 12. Name: Edward Brown  
 13. Birthplace: Columbia Mo.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name: DONT know  
 15. Birthplace: Virginia  
 (City, town, or county) (State or foreign country)

16. (a) Informant: Victor Brown  
 (b) Address: 510 Walnut, Columbia Mo.

17. (a) Removal (Burial, cremation, or removal)  
 (b) Date thereof: 1-4-43  
 (Month) (Day) (Year)

(c) Place: burial or cremation: Columbia Mo.

18. (a) Signature of funeral director: Freeman Funeral  
 (b) Address: Home 608 Park ave.

19. (a) 12-31-42 (b) M. M. Crowe  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 31  
 year 1942 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from 19... to 19...  
 that I last saw the deceased alive on 19...  
 and that death occurred on the date and hour stated above.  
 Deputy Coroner

Immediate cause of death: Acute Dilatation of Heart  
 Duration

Due to: 95c 4

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
 Of autopsy: Insp - History  
 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: P. Richardson (M. D. or other)  
 Address: 1832 Kirk Date signed: 12-31-42

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

**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 *L. C. Harris Sr.*  
.....  
Licensed Embalmer No. *3388*  
.....  
P. O. Address *L. C. Harris Sr.*  
.....

**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.**