

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. **1423**

140 MAR 31 1943 49
Primary Registration District No. **1002**

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:
4145 Harrison
(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) 57 Years

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. 4145 Harrison
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) No
If yes, name country.....

3. (a) PRINT FULL NAME Charles Elmer Brown

3. (b) If veteran, name war..... no

3. (c) Social Security No. no

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced or widowed Divorced

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

7. Birth date of deceased Mar. 4 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

83 0 18 hr. min.

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

10. Usual occupation Retired Guard

11. Industry or business.....

12. Name Thomas Brown

13. Birthplace Ind
(City, town, or county) (State or foreign country)

14. Maiden name Frances Bidwell

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

16. (a) Informant Ella Webb

(b) Address 4145 Harrison

17. (a) Burial (b) Date thereof 3-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address 918 Brooklyn

19. (a) 3-24-43 (b) M. M. Corro
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 22 year 1943 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from Dec 14 1942 to Mar 22 1943
that I last saw him alive on Mar 21 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction

Due to Impaction

Due to Febrility & generalized sclerosis (Arteriosclerosis)

Other conditions (Include pregnancy within 3 months of death) 12.2B

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 George Beebe (M. D. or other)

Address 1630 Prof Bldg Date signed 3/22/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Prof. B. Lee
VI. 1643
by 3 pm.

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 Denzil C. Browning
Licensed Embalmer No. 2724
P. O. Address D. 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.