S. No. 2
M—5-42
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 3 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13065

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1590

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: 1227 Harrison Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------ (Specify whether
In this community 6 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 1227 Harrison Street
(If rural, give location)

(e) Citizen of foreign country? No / (Yes or No) 0

If yes, name country ------

3. (a) PRINT FULL NAME Mrs. Florence Brown

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Female

5. Color or race White /

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Mr. Robert

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

7. Birth date of deceased April (Month) 26 (Day) 1857 (Year)

8. AGE: Years 85 Months 11 Days 7 If less than one day ..... hr. ..... min.

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

10. Usual occupation Sales Clerk

11. Industry or business Retired

FATHER
12. Name George Ambros
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Ellen Hill
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Mrs. Frances Kennedy

(b) Address 111 South Monroe

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Missouri

18. (a) Signature of funeral director D. W. Newcomer Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 4/3/43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1943 hour ..... minute ..... M.

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

Immediate cause of death Arteriosclerotic Heart Disease.

Due to ..... 93 D

Due to .....

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy See Above.

Duration

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 0

23. Signature A. E. Asher (M. D. or other) M.D.

Address 23rd McCoy Date signed 4/2/43

(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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K. C. Mo

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.