

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23724

State File No. _____

2962

Registrar's No. _____

Registration District No. 49

Primary Registration District No. 1002

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:
8 East 43rd Street /
(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)
 In this community 15 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. 8 East 43rd Street
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mr. Harley J. Brown
 3. (b) If veteran, name war No
 3. (c) Social Security No. 486-05-9947

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 2
 year 1943 hour 6 minute A M.

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mildred L. Brown
 6. (c) Age of husband or wife if alive 33 years
 7. Birth date of deceased May 14 1904
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 9 1943 to July 2 1943
 that I last saw him alive on July 7 1943
 and that death occurred on the date and hour stated above.

8. AGE: Years 39 Months 1 Days 18
 If less than one day _____ hr. _____ min.

Immediate cause of death Symphosarcomatosis
 Duration 6+ mo.

9. Birthplace Jerico Springs, Missouri
(City, town, or county) (State or foreign country)

Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation Barber

11. Industry or business _____

MOTHER FATHER {
 12. Name John Brown
 13. Birthplace Dont know Illinois
(City, town, or county) (State or foreign country)
 14. Maiden name Fannie Brown
 15. Birthplace Dont know Missouri
(City, town, or county) (State or foreign country)

Major findings:
 Of operations None
Cystic liver & pancreas.
Retroposed lymph nodes kidney
 Of autopsy see wounds.

16. (a) Informant Mrs. Mildred L. Brown
 (b) Address 8 East 43rd street
 17. (a) Removal (b) Date thereof 7/4/43
(Burial, cremation, or removal) (Month) (Day) (Year)

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)

18. (a) Signature of funeral director Freeman Mortuary
 (b) Address 104 West 42nd street
 19. (a) 7-4-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

While at work _____
(g) Means of injury
 23. Signature Paul B. [unclear] (M. D. or other) MDA
 Address 924 [unclear] Date signed 7-24-43

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

The Body
Prof. Reddy
1124 9th St

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 *Walter H. Erwin*
Licensed Embalmer No. *4352*
P. O. Address *Kansas City, 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.