

No. 2
4-542
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27256

State File No. _____

LED AUG 21 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3450

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Vincent's Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hrs (Specify whether

In this community 3 hrs years, months or days)

3. (a) PRINT FULL NAME

ELMER MAURICE Infant 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 Infant

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased 8-9-43
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 3 hr. min.

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

10. Usual occupation None Infant

11. Industry or business _____

12. Name Elmer C. Brown

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

14. Maiden name Melba Cartack

15. Birthplace Little Rock, Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant James Stuckey

(b) Address 3315 East 20th St. Terrace

17. (a) Burial (b) Date thereof 8-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Mary's Cemetery

18. (a) Signature of funeral director John W. Wagner
(b) Address Kansas City, Mo.

19. (a) 8-10-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 4023 Highland
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 9
year 43 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from 8-9-43 1943 to 8-9-43 1943;
that I last saw him alive on 8-9-43 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity - 6 mos.

Due to Lived 3 hours.

Due to 159

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

(While at work) (Specify type of place) (e) Means of injury _____

23. Signature J. J. Lawrence (M. D. or other) _____

Address Lutheran Bldg. Date signed 8-10-43

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 *Cecil R. Matthes*

Licensed Embalmer No. *3807*

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.