S. No. 2
M—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 33717

Registration District No. 1943 149 — Primary Registration District No. 1002 — Registrar's No. 4465

**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: 2115 Highland
(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: 1 Year 7 Months

**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.: 2115 Highland
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ____

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3. (a) PRINT FULL NAME: HATTIE BROWN

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female 3 — 5. Color or race: Negro — 6. (a) Single, widowed, married, divorced: Wid. 2

6. (b) Name of husband or wife: Mack Brown

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

7. Birth date of deceased: November 10, 1901 (Month) (Day) (Year)

8. AGE: Years 41 — Months 11 — Days 9 — If less than one day ____ hr. ____ min.

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

10. Usual occupation: Housewife

11. Industry or business: ____

FATHER
12. Name: James Chapman
13. Birthplace: ____ (City, town, or county) La. (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Lay
15. Birthplace: ____ (City, town, or county) La. (State or foreign country)

16. (a) Informant: Lottie Minor
(b) Address: 2115 Highland Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/21/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Cemetery

18. (a) Signature of funeral director: Hackins Bros.
(b) Address: 1729 Lydia Avenue

19. (a) 10-21-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct. 18, day Tuesday year 1943 hour 9:25 minute A. M.

21. I hereby certify that I attended the deceased from Oct. 15, 1943 to Oct. 18, 1943 that I last saw him alive on Oct. 18 - 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia — Duration: ____
Due to: ____
Due to: ____
Other conditions (Include pregnancy within 3 months of death): ____

Major findings:
Of operations: ____
Of autopsy: no

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: ____

23. Signature: L. W. Booker (M. D. or other)
Address: 2028 Vine St. Date signed: 10/20/43

(Licensed Embalmer's Statement on Reverse Side)

L. H. Booker

## 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 D. J. Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

**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.**