

S. No. 2  
A-9-4-41  
5-17-39  
I X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 22 1943

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40855

State File No. \_\_\_\_\_  
Registrar's No. 5084

Registration District No. 149 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  
(c) Name of hospital or institution: 309 E. 12th St 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 1 mo - 14 days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 3300 Benton  
(e) Citizen of foreign country? \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Gloria Marilyn Brown  
3. (b) If veteran, name war. no  
3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 11 day 29  
year 1943 hour 5 minute A M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 4 - 1943

21. I hereby certify that I attended the deceased from Nov. 23 1943 to Nov. 29 1943  
that I last saw her alive on Nov. 28 1943  
and that death occurred on the date and hour stated above.  
Immediate cause of death Pneumonia  
Tubular

8. AGE: Years Months Days If less than one day  
4 25 hr. \_\_\_\_\_ min.

Due to mastoid infection 3 weeks  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace LaFalls California  
10. Usual occupation None  
11. Industry or business \_\_\_\_\_  
12. Name Norman Chester Brown  
13. Birthplace Unknown Missouri  
14. Maiden name Julia Marjorie Smyth  
15. Birthplace Paranna Missouri

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. N.C. Brown  
(b) Address 3300 Benton  
17. (a) Burial (b) Date thereof 12-4-1943  
(c) Place: burial or cremation Mt. Calvary Cemetery  
18. (a) Signature of funeral director Daniels Bros  
(b) Address 644 Kansas Ave. N.E. Kansas  
19. (a) 12-3-43 (b) D.E. Brown

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_  
23. Signature Jas. M. Graham (M. D. or other)  
Address 518 Apple Bldg Date signed 12-29-43

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**