

FILED JAN 15 1944  
Registration District No. 776

Primary Registration District No. 5568

State File No. \_\_\_\_\_

Registrar's No. 330

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Blue Township  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
10235 Independence Avenue  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no  
(Specify whether years, months or days) all her life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Alma W. Brown

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Bertram W. Brown

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

7. Birth date of deceased: October 20 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65	2	3	hr. min.
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9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business X

12. Name Boyle Vogel

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

14. Maiden name Esslinger  
(City, town, or county) (State or foreign country)

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant R. L. Brown,

(b) Address 10235 Independence Ave., K.C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-27-1943 (Date received local registrar)

(b) James U. Ross (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 10,235 Independence Ave.  
(If rural, give location)

(e) Citizen of foreign country? X no (Yes or No)  
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23rd  
year 1943 hour 11:15 minute P. M.

21. I hereby certify that I attended the deceased from Oct 12  
1939, to Dec 23 1943  
that I last saw h. 12 alive on Dec 18 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death acute pulmonary edema  
Cardiac decompensation

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 1110

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 R. S. Winegardner (M.D. or other) D.O.  
Address 2717 Rochester Date signed 12/26/43

Dr. Robert S. Winegardner,  
2717 Rochester.

*Subj. 1-0-2-0-1-Subj. 1-0-2-0-1*

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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 *John H. Harley*.....

Licensed Embalmer No. *405-0*.....

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.