

FILED MAR 18 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1130

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: Research Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 weeks.
(Specify whether years, months or days)

In this community 10 Years
(Specify whether years, months or days)

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. 818 Ash
(If rural, give location)

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

3. (a) PRINT FULL NAME Herbert E. Brown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 10
year 44 hour _____ minute _____ M.

3. (b) If veteran name war World War One 3. (c) Social Security No. 499-16-8697

21. I hereby certify that I attended the deceased from Feb 6 to Feb 10 1944
that I last saw him alive on Feb 9 1944
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. 21 - 1898
(Month) (Day) (Year)

Immediate cause of death Rt heart failure

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>46</u> | <u>0</u> | <u>19</u> | hr. _____ min. _____ |

Due to Fibrosis Pericardii

Due to Influenza foot osteomyelitis Diabetes

9. Birthplace Terrehaute Indiana
(City, town, or county) (State or foreign country)

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

10. Usual occupation Resturant Operator

Major findings: Of operations _____

11. Industry or business _____

Of autopsy 61

12. Name Robert L. Brown

13. Birthplace Unknown (State or foreign country)

14. Maiden name CGra Watson (State or foreign country)

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

16. (a) Informant Miss Caroline Jean Brown

(b) Address 818 Ash, Kansas City, Missouri.

17. (a) BURIAL (b) Date thereof 3-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cem

18. (a) Signature of funeral director George C. Carson
Independence, Missouri

(b) Address _____

19. (a) 3-11-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

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 D. E. Brown (M. D. or other) _____
Address 1002 Date signed 3/11/44

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

MAY 2 1944
APR 19 1944
APR 18 1944

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: *Lloyd C. Larson*
Licensed Embalmer No. *4199*
P. O. Address: *Independence*

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.