

No. 2
-3-43
17-39
X37823

Registration District No. **FILED JULY 15 1944** Primary Registration District No. **1002** Registrar's No. **2804**

1. PLACE OF DEATH: **Jackson**
 (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: **Trinity Lutheran Hospital**
 (If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution **25 days** (Specify whether **Non-Resident**)
 In this community **Non-Resident**
 years, months or days

3. (a) PRINT FULL NAME **MRS. NELLIE M. BROWN**
 (b) If veteran, name war **XX**
 (c) Social Security No. **None**

4. Sex **Fe** 5. Color of race **Wh**
 6. (a) Single, widowed, married, divorced **Widowed**
 (b) Name of husband or wife **Harry V. Brown**
 (c) Age of husband or wife if alive **XX** years
 7. Birth date of deceased **June 27 1885**
 (Month) (Day) (Year)

8. AGE: Years **59** Months **0** Days **9**
 If less than one day hr. _____ min. _____

9. Birthplace **Bates County Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Beauty Operator**
 Industry or business **Own Shop**

11. Name **Jacob Sellinger**

12. Birthplace **Ohio**
 (City, town, or county) (State or foreign country)

13. Maiden name **Bertha Johannes**
 (City, town, or county) (State or foreign country)

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

15. Informant **Mrs. Lula Shoemaker**
 (b) Address **Eldorado Springs, Mo.**

16. (a) Removal **Removal** (b) Date thereof **7-7-44**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Round Prairie, Mo.**
 (a) Signature of funeral director **J. Wagner**
 (b) Address **Kansas City, Mo.**

17. (a) **7-6-44** (b) **P. E. Brown**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Butler**
 (c) City or town **Butler**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **6th**
 year **1944** hour **9:10 PM** minute _____ M. _____

21. I hereby certify that I attended the deceased from **June 13 1944** to **July 6 1944**
 that I last saw h. er. alive on **July 6 1944**
 and that death occurred on the date and hour stated above.

Immediate cause of death
Circulatory Collapse
Obstruction to Common bile duct
Hepatoduodenal fistula
Peritonitis
Inanition

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) **12313**

Major findings: Of operations **Obstruction of Common bile duct**
 Of autopsy **Hepatoduodenal fistula, Peritonitis, adhesions**

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 **Clair B. Harris** (M. D. or other) **M. D.**
 Address **Trinity Lutheran Hospital** Date signed **7/6/44**
Kansas City, Missouri

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

MOTHER FATHER

6 10 1918

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 *Alvin R. Hamschild*

Licensed Embalmer No. *4159*

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.