

FILED DEC 22 1944

Registration District No. **199**

Primary Registration District No. **1002**

Registrar's No. **5021**

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

1. PLACE OF DEATH: Jackson

(a) County ~~Kansas~~ **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:
1008 Charlott St
(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) **June months**

3. (a) PRINT FULL NAME **Joe Brown**

3. (b) If veteran, name war **World War I** 3. (c) Social Security No. **none**

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

6. (b) Name of husband or wife **Dora Brown** (c) Age of husband or wife if alive **9 years**

7. Birth date of deceased **Dora Brown 1884**
(Month) **9** (Year) **1884**

8. AGE: Years **60** Months **2** Days **25** If less than one day hr. min.

9. Birthplace **Morgan County Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Unemployed**

11. Industry or business

MOTHER FATHER

12. Name **Anna Brown**

13. Birthplace **Dora Brown**
(City, town, or county) (State or foreign country)

14. Maiden name **Dora Brown**

15. Birthplace **Morgan Co. Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **George Brown**

(b) Address **1008 Charlott St.**

17. (a) **Burial** (b) Date thereof **12-15-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wardsworth, Mo.**

18. (a) Signature of funeral director **W. E. Brown**

(b) Address **1905 Vine St**

19. (a) **12-12-44** (b) **W. E. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **49**

(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL")

(d) Street No. **1008 Charlott St** **2**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country **?**

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month **December** day **10**
year **1944** hour **12** minute **15** P.M.

21. I hereby certify that I attended the deceased from **Deputy Coroner** 19
that I last saw him **alive on** 19
and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho Pneumonia**

Due to.....

Due to.....

Other conditions **107**
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy **See above**

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 **W. E. Brown** (M. D. or other)
Address **1832 Vine** Date signed **12-12-44**

