

FILED MAR 19 1945

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

8479

State File No.

Registrar's No.

1012

Registration District No. 149

Primary Registration District No. 1002

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 4 days (Specify whether
 In this community 40 years
 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. 5805 Locust street
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME FRED H. BROWN

3. (b) If veteran, name war No 3. (c) Social Security No. 487-03-8522

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Sadie W. Brown 6. (c) Age of husband or wife if alive 55 years
 7. Birth date of deceased Oct. 23 1883
 (Month) (Day) (Year)

8. AGE: Years 61 Months 4 Days 28 If less than one day hr. min.

9. Birthplace Rochester, New York
 (City, town, or county) (State or foreign country)

10. Usual occupation Safe Deposit Department

11. Industry or business First National Bank

12. Name John Brown

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

14. Maiden name Marguerite Hill

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

16. (a) Informant Mrs. Sadie W. Brown

(b) Address 5805 Locust Street

17. (a) Burial (b) Date thereof 3/3/45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 104 West 42nd Street.

19. (a) 3-3-45 (b) N. E. Brown
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st
 year 1945 hour 3:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from 2-25
1945 to 3-1 1945
 that I last saw him alive on 3-1 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Brain Tumor
or Tumors malignant
Married Cerebral Arteriosclerosis

Due to _____

Due to 546

Other conditions Left Hemiplegia
 (Include pregnancy within 3 months of death)

Erosion of skull - Right

Major findings: _____

Of operations _____

Of autopsy 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. A. Myers (M. D. or other) _____

Address Kansas City, Mo. Date signed _____

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

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 Walter H. Erwin

Licensed Embalmer No. 4352

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.