

U.S. No. 2  
 FORM-5-43  
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 I X36871

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
**FILED MAR 29 1945**  
 149

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **8480**  
 Registrar's No. **1234**

Registration District No. \_\_\_\_\_ 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:  
**General Hospital #2**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **3-4-45-3-12-45**  
(Specify whether years, months or days)  
**About 35 yrs**

**3. (a) PRINT FULL NAME** **JOHN BROWN**  
 3. (b) If veteran, name war **NO**  
 3. (c) Social Security No. **487-07-7937**

4. Sex **Male** 9  
 5. Color or race **Negro**  
 6. (a) Single, widowed, married, divorced **Single**  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **April 24 1898**  
(Month) (Day) (Year)

**8. AGE:**  
 Years **46** Months **10** Days **18**  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** **Ft. Smith Arkansas**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Laundry man**

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER**  
 { **12. Name** **John Brown**  
**13. Birthplace** **Miss.**  
**14. Maiden name** **Laura Reed**  
**15. Birthplace** **Nashville, Tenn.**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Record Clerk**  
**(b) Address** **Gen. Hosp. #2**

**17. (a)** **Burial** (Burial, cremation, or removal) **(b) Date thereof** **3/17/45**  
(Month) (Day) (Year)  
**(c) Place: burial or cremation** **Westlawn - K. C., Kan.**

**18. (a) Signature of funeral director** **(b) Address** **1212 Vine St., K. C., MO.**

**19. (a)** **3-17-45** (Date received local registrar) **(b)** **T. E. Brown** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Jackson** 40  
 (c) City or town **Kansas City** 3  
(If outside city or town limits, write "RURAL") 7  
 (d) Street No. **1523 Tracy**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **March** day **12**  
 year **1945** hour **8:00** minute **P** M.

**21. I hereby certify that I attended the deceased from**  
**March 4** 19 **45** to **March 12** 19 **45**  
 that I last saw him alive on **March 12** 19 **45**  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
**Pulmonary Tuberculosis with Paraffin Pack**

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

Other conditions **13 b!**  
(Include pregnancy within 3 months of death)

**Major findings:**  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

**Duration**  
 \_\_\_\_\_  
**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)  
 Means of injury \_\_\_\_\_  
**Signature** **(M.D. or other)**  
**Address** **Westlawn Hosp. #2 600 E 22nd** **Date signed** **3-17-45**

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

*C. Stealing Pills*

Licensed Embalmer No. *13178*

P. O. Address *1212 W. 10th St. Rm 201*

**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.**