. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 31 1945

Registration District No. 146

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3026

State File No. 17105

Registrar's No. 96

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town INDEPENDENCE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
804 SOUTH WOODLAND AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ------ (Specify whether
In this community 14 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town ~~KANSAS CITY~~ Indep. 4
(If outside city or town limits, write "RURAL")
(d) Street No. 804 SOUTH WOODLAND AVENUE
(If rural, give location)
(e) Citizen of foreign country? No 4 (Yes or No)
If yes, name country ------

3. (a) PRINT FULL NAME MRS. LAURA WINOOA GLAESSNER BROWN

3. (b) If veteran, name war NO
3. (c) Social Security No. NONE

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband ~~or wife~~ MR. ELWOOD A. BROWN
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased MARCH (Month) 27 (Day) 1889 (Year)

8. AGE:

Years	Months	Days	If less than one day
56	0	24	hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business ------
FATHER
12. Name AUGUST GLAESSNER
13. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)
MOTHER
14. Maiden name BERTHA MEILENTZ
15. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant Elwood A. Brown
(b) Address 804 South Woodland, Indep. Mo.
17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof APR 23 1945 (Month) (Day) (Year)
(c) Place: ~~burial or~~ cremation D.W. NEWCOMER'S SONS K.C. Mo.
18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address KANSAS CITY MISSOURI
19. (a) 4-22-1943 (Date received local registrar) (b) James W. Ross (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 20TH year 1945 hour 9 minute 55 A.M.
21. I hereby certify that I attended the deceased from Coroner, 19__, to ____, 19__
that I last saw h____ alive on ____, 19__
and that death occurred on the date and hour stated above.

Immediate cause of death Pelvic abscess of Fallopian tubes.
Due to Peritonitis.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy yes—as above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

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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 James C. Walker (M. D. ~~or other~~) Coroner
Address 1424 Professional Bldg. Date signed 4-20-45

(Licensed Embalmer's Statement on Reverse Side)

JUN 5 1945

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 A. O. Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K. C. 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.