

**FILED** JUL 23 1945  
149

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002 Registrar's No. 2928

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Missouri  
(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) 4-18-45 to 7-11-45

(d) Length of stay: In hospital or institution 4 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City

(d) Street No. 2454 Vine, 2nd Fl. North

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LEWIS VELMER BROWN

3. (b) If veteran, name war no 3. (c) Social Security No. 470-16-6971

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

6. (b) Name of husband or wife Mildred Brown 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased 9-15-1900  
(Month) (Day) (Year)

8. AGE:	Years <u>44</u>	Months <u>10</u>	Days <u>26</u>	If less than one day hr. _____ min. _____
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9. Birthplace Wakening, Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Trucker

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

12. Name William Brown

13. Birthplace Great Crossing, Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Mamie Anderson

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

16. (a) Informant Records Clerk

(b) Address General Hospital #2

17. (a) Burial (b) Date thereof 7-16-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Westlawn C.C.K.

18. (a) Signature of funeral director Phyllis J. Greenstreet

(b) Address 1819 E. 15th St. K.C. Mo

19. (a) 7-13-45 (b) Gasoline Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11 year 1945 hour 8:30 minute \_\_\_\_\_ P.M. \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from April 18, 1945 to July 11, 1945 that I last saw him alive on July 11, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral vascular accident

Due to Hypertension

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

Other conditions 830  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

Signature [Signature] (M. D. optional) Address Hunting # 2, 22nd clay Date signed 7-13-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

**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.....

*W. G. Flynn*

Licensed Embalmer No. 4383

P. O. Address 1819 E. 15<sup>th</sup> KC 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.**