

FILED MAR 27 1948 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1233

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:
2410 E. 24th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 1 Yr. 10 Days
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. 2410 E. 24th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT

FULL NAME Clarice Laverne Browne

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

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

6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 21 1945
(Month) (Day) (Year)

8. AGE: Years 2 Months 11 Days 20 If less than one day hr. _____ min. _____

9. Birthplace Kansas City (City, town, or county) No one (State or foreign country)

10. Usual occupation child

11. Industry or business _____

MOTHER FATHER

12. Name Clarence E. Browne

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

14. Maiden name Earnistine Goodloe

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

16. (a) Informant Clarence Browne

(b) Address 2410 E. 24th St.

17. (a) Burial (b) Date thereof 3-14-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director West, Appleton Jones

(b) Address C. Pitt

19. (a) 3-13-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
year 1946 hour 5 minute 45 a.m.

21. I hereby certify that I attended the deceased from March 9, 1946 to March 11, 1946
that I last saw her alive on March 11, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia lobar Duration 3 Day

Due to _____

Due to _____

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

Major findings: Of operations 108 Of autopsy _____

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 Eugene P. Chatham (M. D. or other) _____

Address 1739 Duval Date signed 3-12-46

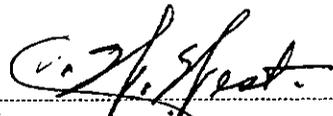
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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



Licensed Embalmer No. 2710

P. O. Address 151 E. 2nd St.

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.