

No. 2  
M-5-43  
5-17-39  
I X36671

**FILED** APR 29 1946

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 1832

**1. PLACE OF DEATH:**

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: Pickman Hotel  
(If not in hospital or institution, write street number or location)

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

In this community 4 Days (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2  
(If outside city or town limits, write "RURAL")

(d) Street No. 418 N. Sergeant 5  
(If rural, give location)

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

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

**3. (a) PRINT FULL NAME** Helen Wena Brown

3. (b) If veteran, name war No

3. (c) Social Security No. none

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 4 day 19 year 46 hour 12 minute noon M.

21. I hereby certify that I attended the deceased from 4-17 1946 to 4-17 1946 that I last saw her alive on 4-17 1946 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single; widowed, married, divorced Widowed

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Oct 2 1886  
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerosis, Diabetes, Gall Stones

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

**8. AGE:**

Years	Months	Days	If less than one day
<u>59</u>	<u>6</u>	<u>17</u>	hr. min.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 61

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

9. Birthplace Paris Texas  
(City, town, or county) (State or foreign country)

10. Usual occupation Mrs Brown Reader & Housewife

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

12. Name Louis Klein

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

14. Maiden name Hanna Baum

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

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 Fred Gray (M. D. or other) \_\_\_\_\_  
Address 160 Prof Bldg Date signed 4/20/46

16. (a) Informant Victor Brown

(b) Address 431 N. Sergeant Joplin, Mo

17. (a) Removal (b) Date thereof 4-20-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Joplin, Missouri

18. (a) Signature of funeral director Phasian Mortuary

(b) Address N. C. Mo

19. (a) 4-20-46 (b) Sheraldine Holmes  
(Date received local registrar) (Registrar's signature)

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

11960

NOV 3 1945

NOV 7 1945

JUL 2 1946

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. Yanson 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.

*In Fred Erwin*