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DEPARTMENT OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED JUL 15 1946 STANDARD CERTIFICATE OF DEATH

State File No. **20174**
Registrar's No. **2900**

Registration District No. **149** 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 No. 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 days**
(Specify whether years, months or days)
In this community **64 Years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson** **48**
(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL")
(d) Street No. **911 Holmes** **8**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Ada 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 **William Forrest Brown**
6. (c) Age of husband or wife if alive **68** years
7. Birth date of deceased **June 30th 1882**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 0 0 hr. min.

9. Birthplace: **Kansas City** **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation: **At Home**

11. Industry or business:

MOTHER FATHER
12. Name **William H. Trekel**
13. Birthplace **Iowa**
(City, town, or county) (State or foreign country)
14. Maiden name **Anna Harper**
15. Birthplace **Michigan**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. William Forrest Brown**
(b) Address **Chase Hotel, 911 Holmes Street**

17. (a) Burial (b) Date thereof **7 - 2 - 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **Freeman Mortuary & Chapel**
(b) Address **104 West 42nd St., Kansas City, Mo.**

19. (a) 7-1-46 (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **30**
year **1946** hour **2** minute **25 P.M.**
21. I hereby certify that I attended the deceased from
June 28, 1946, to **June 30**, 1946;
that I last saw her alive on **June 30**, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertension with terminal acidosis (diabetic)**
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Major findings: **601**
Of operations _____
Of autopsy **None**

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 **Wm W. Hart** (M. D. or other) **md**
Address **Med. Dir. Gen'l Hosp.** Date signed **7-1-46**

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

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

19047

R. Carr

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 *Kannor 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.