

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33463**
Registrar's No. **4592**

FILED NOV 12 1946

Registration District No. **149**

Primary Registration District No. **1002**

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

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. 2 **D**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **10 DAYS**
(Specify whether
In this community **22 YRS.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON** **48**

(c) City or town **KANSAS CITY** **9**
(If outside city or town limits, write "RURAL") **D**

(d) Street No. **1724 CAMPBELL**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **ELIZABETH BROWN**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **FEMALE** **3** 5. Color or race **NEGRO**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **CLARK BROWN**

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

7. Birth date of deceased **JUNE 22, 1890**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

56 **4** **7** hr. min.

9. Birthplace **FT. GIBSON OKLAHOMA**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business

MOTHER FATHER

12. Name **CHARLEY CLARK**

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

14. Maiden name **MOLLIE TUCKER**

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

16. (a) Informant **CLARK BROWN (HUSBAND)**

(b) Address **1724 CAMPBELL**

17. (a) **Burial** (b) Date thereof **11/1/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Cemetery**

18. (a) Signature of funeral director **E. Sterling Ball**

(b) Address **1212 Vine St., Kansas City, Mo.**

19. (a) **11-1-46** (b) **Beraldine Volin**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCTOBER** day **29**,
year **1946** hour **4:** minute **30** P.M.

21. I hereby certify that I attended the deceased from **OCTOBER 19,**
1946 to **OCTOBER 29,** **1946**
that I last saw h. **ER** alive on **OCTOBER 29,** **1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **CARDIAC FAILURE**
(ANASARCA)

Due to **HYPERTENSIVE HEART DISEASE**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **932**

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 **D**

Signature **E. Sterling Ball** (M. D. or other) **M.D.**

Address **GENERAL HOSPITAL NO. 2** Date signed **10/30/46**

Duration

PHYSICIAN

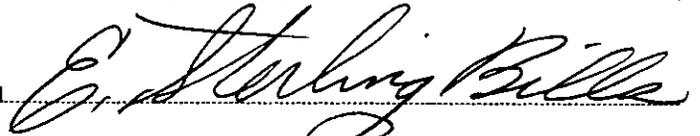
Underline the cause to which death should be charged statistically.

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. 3178.....

P. O. Address 1212 Vine St., Kansas 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.