

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40481**
Registrar's No. **5449**

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. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 DAYS** (Specify whether years, months or days) **25 yrs.**

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. **1321 EUCLID** (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country

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

3. (b) If veteran, name war **No** 3. (c) Social Security No. **496-05-4649**

4. Sex **MALE** 5. Color or race **NEGRO** 6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **GEORGIA BROWN** 6. (c) Age of husband or wife if alive **59** years
7. Birth date of deceased **APRIL 20, 1898**
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | 48 | 8 | 3 | hr. min. |

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

10. Usual occupation **Laborer**

11. Industry or business

MOTHER FATHER { 12. Name **PINEY BROWN**
13. Birthplace **KENTUCKY** (City, town, or county) (State or foreign country)
14. Maiden name **MINERVA SHANNON**
15. Birthplace **TENNESSEE** (City, town, or county) (State or foreign country)

16. (a) Informant **GEORGIA BROWN (WIFE)**

(b) Address **1321 EUCLID**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12/28/46** (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Walter Ross**

(b) Address **1729 Lydia Avenue**

19. (a) **12-28-46** (Date received local registrar) (b) **Theraldine Holmes** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DECEMBER** day **23** year **1946** hour **7:** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **DECEMBER 18,** 19**46** to **DECEMBER 23,** 19**46**: that I last saw h. **IM** alive on **DECEMBER 23,** 19**46** and that death occurred on the date and hour stated above.

Immediate cause of death **RESPIRATORY FAILURE** Duration

Due to **PULMONARY EDEMA SECONDARY TO CARDIO-VASCULAR DISEASE WITH RESPIRATORY FAILURE DUE TO CHRONIC NEPHRITIS**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **131 lb** Of operations 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 **0**

23. Signature **E. Earl Davis** (M. D. or other) **M.D.**

Address **GENERAL HOSPITAL NO. 2** Date signed **12/24/46**

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

48
39

0

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..... *J. James Manlove*
Licensed Embalmer No. *3994*
P. O. Address..... *2503 High...*

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.