S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1947

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8942

Primary Registration District No. 1002

Registrar's No. 1077

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: 622 Charlotte
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ In this community: 45 Years (Specify whether 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.: 622 Charlotte
(If rural, give location)

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

If yes, name country: ____

3. (a) PRINT FULL NAME: William Brown

3. (b) If veteran, name war: No

3. (c) Social Security No.: Unk.

4. Sex: Male 2

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: ____

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

7. Birth date of deceased: April 5, 1901 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
45	11	1	____ hr. ____ min.

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

10. Usual occupation: None

11. Industry or business: ____

FATHER
12. Name: Henry Brown
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Laura Browning
15. Birthplace: Clay County, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Ernestine Downs
(b) Address: 921 Paseo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/10/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Lincoln Cemetery

18. (a) Signature of funeral director: Watkins Bros.
(b) Address: 1729 Lydia

19. (a) 3-10-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th year 1947 hour 2 minute 40 A.M.

21. I hereby certify that I attended the deceased from ____ 19__ to Deputy Coroner 19__; that I last saw him alive on ____ 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Failure — Duration

Due to: Hypertensive Heart Disease

Due to: Senility

Other conditions (Include pregnancy within 3 months of death): 93 d

Major findings: Of operations: ____

Of autopsy: No — Permit

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? (Specify type of place)

While at work? ____ (e) Means of injury: Deputy Coroner

23. Signature: H. Williams (M. D. or other)

Address: 2636 Brooklyn Date signed: 3-7-47

(Licensed Embalmer's Statement on Reverse Side)

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 Bernie Kelly Jr., Registered Apprentice No. 511, working under my personal supervision.

Signed Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.