

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13374

State File No. _____

Registration District No. 147

Primary Registration District No. 1002

Registrar's No. 1703

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:
1114 West 41st. St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community Lifetime
years, months or days)

3. (a) PRINT FULL NAME Lula Mau Brown
3. (b) If veteran, name war none
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 Floyd H. Brown
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased July 10 1903
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>9</u>	<u>2</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business At home

12. Name John W. Davis

13. Birthplace Macon Co Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Bessie Williams

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

16. (a) Informant Floyd H. Brown

(b) Address 1114 West 41st. St.

17. (a) Burial (b) Date thereof 4-15-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.
18. (a) Signature of funeral director Gates Funeral Home
(b) Address Kansas City Kansas
19. (a) 4-15-47 (b) Theraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 1114 West 41st St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1947 hour 1 minute 10 P.M.
21. I hereby certify that I attended the deceased from
Feb 1947 to April 12 1947
that I last saw her alive on April 12 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism
Due to Chronic Arteriosclerotic Atherosclerosis
Due to Chronic Rheumatic Mitral Valve Heart Disease
Other conditions Hypertension
(Include pregnancy within 3 months of death)

Duration
<u>Immediate</u>
<u>5+ yrs.</u>
<u>20 yrs</u>

Major findings:
Of operations None
Of autopsy None

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) Not
(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 [Signature] (M. D. _____)
Address 243 Plaza Blvd. Bldg. 1002 Date signed 14 April 1947

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

R. J.
Dr. Brady
Plaza Med
VA 1023

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.....

W. J. Ward

Licensed Embalmer No. 3991

P. O. Address.....

308 East 68th St
N. P. 110th

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.