

No. 2
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5-17-39
P-1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13376

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1892

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 #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY
(Specify whether 6 YEARS 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. 572 TROOST
(If rural, give location)

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

3. (a) PRINT FULL NAME MILES BROWN

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 25 1947
year 1947 hour 4 minute 50 P. M.

21. I hereby certify that I attended the deceased from APRIL 24, 1947, to APRIL 25, 1947
that I last saw him alive on APRIL 25, 1947
and that death occurred on the date and hour stated above.

4. Sex MALE

5. Color or race NEGRO

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

6. (b) Name of husband or wife ALEE BROWN

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased OCTOBER 10 1900
(Month) (Day) (Year)

Immediate cause of death FAR ADVANCED PULMONARY TUBERCULOSIS

8. AGE: Years Months Days If less than one day
46 6 15 hr. min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace LITTLE ROCK ARKANSAS
(City, town, or county) (State or foreign country)

Major findings: 12 hr

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

10. Usual occupation none

11. Industry or business _____

12. Name JOHN BROWN

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

14. Maiden name MILLIE STOKES

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

16. (a) Informant ALEE BROWN

(b) Address 572 TROOST

17. (a) Burial (b) Date thereof 5 2 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funeral Home

18. (a) Signature of funeral director H B Moore

(b) Address 1820 E. 18th

19. (a) 4-28-47 (b) Gertrude Holmes
(Date received local registrar) (Registrar's signature)

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)

(c) Means of injury 0

23. Signature Frank [Signature] (M. D. or other)

Address General Hospital #2 Date signed 5/26/47

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

HB Moore

Licensed Embalmer No. 2410

P. O. Address 1820 E 18 st

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.