

S. No. 2  
 OM-8-43  
 v. 5-17-39  
 I X37823

13767

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAY 14 1947

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 76

1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Rural Prairie  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Jackson County E. Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 Mo. 22 Days  
(Specify whether  
 In this community 16 yrs.  
years, months or days)

3. (a) PRINT FULL NAME George Brown

3. (b) If veteran, name, war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race wh. 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Fannie Brown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased July 23<sup>rd</sup> 1859  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>9</u>	<u>12</u>	hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name Sylvanus Brown  
 13. Birthplace Louisville, Kentucky  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Ann Wood  
 15. Birthplace Louisville, Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Roy Smith  
 (b) Address Independence, Missouri  
 17. (a) Removal (b) Date thereof 5/8/47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Aiton, Missouri

18. (a) Signature of funeral director Richard R. Sparks  
 (b) Address Independence, Missouri

19. (a) MAY 8, 1947 (b) Donald C. Emshoff  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
 (c) City or town Independence 4  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 823 Raymond 4  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No) 1  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5<sup>th</sup>  
 year 1947 hour 9 minutes 55 P.M.

21. I hereby certify that I attended the deceased from 1-13-47 19, to 5-5-47 19;  
 that I last saw him alive on 5-5-47 19;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia 3 days  
Amputation of leg. 3 days

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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? \_\_\_\_\_

23. Signature Frank E. Williams MD  
(Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury  
 Address Rt 4 Independence Mo. Date signed 5-5-47

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

48  
 6  
 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 *Roland G. Grecks*  
Licensed Embalmer No. 3604

P. O. Address Independence, Missouri

**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.**