

No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16814**
Registrar's No. **71**

Registration District No. **59** Primary Registration District No. **4097**

1. PLACE OF DEATH: **CASS**
(a) County **HARRISONVILLE Mo**
(b) City or town **HARRISONVILLE Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1005 West Mechanical**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **At Home**
In this community **4 days**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **CASS 19**
(c) City or town **HARRISONVILLE Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **1005 W. Mechanical**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **SANDRA KAY BROWN.**
(b) If veteran, name war **No**
(c) Social Security No. **No**

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month **MAY** day **1**
year **1947** hour **10** minute **30 P.** M.
21. I hereby certify that I attended the deceased from **APRIL**
27, 19**47**, to **MAY 1, 1947**
that I last saw **her** alive on _____, 19____,
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **None**
6. (c) Age of husband or wife if alive _____ year
7. Birth date of deceased **April 27 - 1947**
(Month) (Day) (Year)

Immediate cause of death **Pneumonia, Broncho.**
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Major findings: **None**
Of operations **None**
Of autopsy **None**

8. AGE: Years Months Days If less than one day
0 0 4 hr. min.

9. Birthplace **Harrisonville, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

MOTHER FATHER
11. Industry or business _____
12. Name **HAROLD ARMOND BROWN**
13. Birthplace **CONCORDIA KANSAS**
(City, town, or county) (State or foreign country)
14. Maiden name **MARY VA. ARNOLD**
15. Birthplace **HARRISONVILLE, MO.**
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **NO**
(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 _____

16. (a) Informant **HAROLD BROWN**
(b) Address **HARRISONVILLE**
17. (a) **Burial** (b) Date thereof **5/2/47**
(Burial, cremation, or removed) (Month) (Day) (Year)
(c) Place: burial or cremation **OAKLAND CEMETERY**

18. (a) Signature of funeral director **Thomas B. Jones**
(b) Address **Harrisonville Mo**
19. (a) **May 13 '47** (b) **Laura J. Jones**
(Date received local registrar) (Registrar's signature)

23. Signature **O. J. Barnard M.D.** (M. D. or other)
Address **Harrisonville, Mo** Date signed **5-2-47**

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

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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 *Frederick Atkinson*
Licensed Embalmer No. *3970*
P. O. Address *Harrisonville*

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.