

S. No. 2  
M-5-43  
7. 5-17-39  
I X38671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17330  
Registrar's No. 2104

Registration District No. 149 Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: General Hospital No. 1  
(d) Length of stay: In hospital or institution 14 days  
In this community 18 months

3. (a) PRINT FULL NAME Helen Brown  
3. (b) If veteran, name war No  
3. (c) Social Security No. Unknown

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Dale Brown  
6. (c) Age of husband or wife if alive 38 years  
7. Birth date of deceased April 5 1924

8. AGE: Years 23 Months 1 Days 7  
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER {  
12. Name Arley Frisbie  
13. Birthplace Versailles, Mo.  
14. Maiden name Violet Weddingham  
15. Birthplace Proctor, Mo.

16. (a) Informant Mrs. Arley Frisbie  
(b) Address Versailles, Mo.

17. (a) Burial (b) Date thereof May 14, 1947  
(c) Place: burial or cremation Versailles, Mo

18. (a) Signature of funeral director Kidwell Funeral Home  
(b) Address Versailles, Missouri

19. (a) 5-13-47 (b) Geraldine 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  
(d) Street No. 3527 Paseo  
(e) Citizen of foreign country? No  
If yes, name country X

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 12  
year 1947 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from April 28 1947 to May 12 1947  
that I last saw her alive on May 12 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute porphyria  
Duration

Due to  
Due to

Other conditions (Include pregnancy within 3 months of death) 6 to 6

Major findings: Of operations  
Of autopsy See above  
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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Wm W. Hart (M. D. or other)  
Address Med. Dir. Gen'l Hosp. Date signed 5-13-47  
(Specify type of place) (c) Means of injury

---

---

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.....

*Chas E. Wilks*

Licensed Embalmer No. *2644*

P. O. Address. *H. E. Mo*

**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.**