

No. 2
-12-45
-17-39
X47070

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34393**
Registrar's No. **4473**

FILED NOV 8 1947
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**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **ST. MARY'S HOSPITAL**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **15 HOURS**
(Specify whether years, months or days)

In this community **5 YEARS**

3. (a) PRINT FULL NAME **DANA LEE BROWN**

3. (b) If veteran, name war **NO**

3. (c) Social Security No. **NO NE**

4. Sex **FEMALE**

5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **SINGLE**

6. (b) Name of husband or wife

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

7. Birth date of deceased **SEPTEMBER 10 1942**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
5	1	15	hr. _____ min.

9. Birthplace **KANSAS CITY MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **STUDENT**

11. Industry or business **J. S. CHICK SCHOOL**

12. Name **CECIL E. BROWN**

13. Birthplace **COLONY KANSAS**
(City, town, or county) (State or foreign country)

14. Maiden name **HELEN NELSON**

15. Birthplace **KANSAS CITY MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **C. E. Brown**

(b) Address **4220 E 54th**

17. (a) **BURIAL** (b) Date thereof **OCT 27 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MEMORIAL PARK CEM**

18. (c) Signature of funeral director **O. H. Newcomer's Sons**

(b) Address **1401 BRUSH CREEK BLVD**

19. (a) **10-27-47** (b) **Heraldine 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. **4220 EAST 54th TERRACE**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCTOBER** Day **25th**
year **1947** hour **11** minute **45 A.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death **White Cardiac Standstill**

Due to **Etiology unknown**

Due to _____

Other conditions **Following 11:50**
(Include pregnancy within 3 months of death) **18 1/2 Hectomy**

Major findings: **Deputy Coroner**

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? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **0**

While at work? **No** (Specify type of place)

(c) Means of injury _____

23. Signature **W. E. Miller** (M. D. over) **W. E. Miller**

Address **2800 Main** Date signed **10/27/47**

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..... *Edward M. Storey*.....

Licensed Embalmer No. *4452*.....

P. O. Address..... *Ki C. 4 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.