

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: Research Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)

In this community 6 years

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. 1316 Summit
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAMES JAUNETTA BROWN

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26
year 1947 hour 11 minute 40 A.M.

21. I hereby certify that I attended the deceased from Oct 26, 1947 to Oct 26, 1947
(that I last saw her alive on Oct 25, 1947
and that death occurred on the date and hour stated above.)

4. Sex FEM. 5. Color or race W.B. 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LACY BROWN SR 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased August 25, 1902
(Month) (Day) (Year)

Immediate cause of death: Pneumonia of cerebri type

Due to _____

Due to _____

8. AGE: Years Months Days If less than one day

45 2 1 hr. min.

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

Major findings: Of operations HO

Of autopsy _____

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

10. Usual occupation at home

11. Industry or business _____

12. Name Glenn Dawson

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

14. Maiden name Lula Stober

15. Birthplace Kansas
(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) _____

(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? _____

16. (a) Informant LACY BROWN SR

(b) Address 1316 Summit St. #27

17. (a) Removal (b) Date thereof 10/25/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gravel mts

18. (a) Signature of funeral director Stine & McClure

(b) Address Kansas City, Mo.

19. (a) 10-27-47 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

23. Signature John D. Palmer (M.D. or other) _____

Address Kansas City, Mo. Date signed 10/27/47

Dr. Lockwood
Apprentice Body

FEB 6 1953

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..... Robert H Reed

Licensed Embalmer No. 3745

P. O. Address..... N.C. 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.