

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED OCT 21 1947  
Registration District No. 449

Primary Registration District No. 1002

Registrar's No. 4220

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K.C.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1305 Troost  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town K.C.  
(If outside city or town limits, write "RURAL")

(d) Street No. 1305 TROOST  
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Jerry Brown

3. (b) If veteran No name war .....

3. (c) Social Security No. 496-09-4673

4. Sex M 5. Color Col 6. (a) Single, widowed, married Wid

4. race Col divorced .....

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive 4 years 1887

7. Birth date of deceased (Month) (Day) (Year)

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

60 6 0 .....

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

10. Usual occupation Janitor

11. Industry or business K.C. Club-13th & B&O

12. Name Jerry Brown

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

14. Maiden name Sarah

15. Birthplace Miss.  
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel Isaac Brown

(b) Address 1305 Troost Apt. 108

17. (a) Burial (b) Date thereof 10-9-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln

18. (a) Signature of funeral director Adkins Bros

(b) Address 20002. 12th W.K.C. Mo.

19. (a) 10-7-47 (b) Shelley Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4  
year 1947 hour 11 minute 30A M.

21. I hereby certify that I attended the deceased from Sept  
..... 1947 to Oct 4, 1947  
that I last saw h. in alive on 10/4, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction  
Heart Disease

Due to .....

Due to .....

Other conditions (include pregnancy within 3 months of death) .....

Major findings: 938  
Of operations .....

Of autopsy .....

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? .....

While at work? (Specify type of place) .....

23. Signature J. Melzer (M. D. or other) MD

Address 1285 Troost Date signed 10-6-47

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

MOTHER FATHER

PHYSICIAN

Underline the cause of which death should be charged statistically.

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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.....

*A. T. Moore*

Licensed Embalmer No. *948*

P. O. Address.....

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.