S. No. 2
A—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 996

Registration District No. 949 | Primary Registration District No. 1002 | Registrar's No. 414

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: General Hospital No. 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: about 13 mins. (Specify whether years, months or days)
In this community: all of life

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.: 1200 Paseo (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: ROBERT EARL BROWN
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: Male
5. Color or race: Negro
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: December (Month) 23 (Day) 1925 (Year)

8. AGE: Years 22 | Months 1 | Days 1 | If less than one day: hr. min.

9. Birthplace: Kansas City (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business:
MOTHER FATHER
12. Name: William Brown
13. Birthplace: Houston (City, town, or county) Texas (State or foreign country)
14. Maiden name: Anna Ewing
15. Birthplace: Houston (City, town, or county) Texas (State or foreign country)
16. (a) Informant: Anna Ester G. Brown
(b) Address: 2215 Wabash
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 31, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Cemetery, K.C. Mo.
18. (a) Signature of funeral director: Fannie L. Breed
(b) Address: 1706 E. 18th St. Kansas City Mo.
19. (a) 1-30-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 24 year 1948 hour 11 minute 25 P.M.
21. I hereby certify that I attended the deceased from Deputy to Coroner, 19..; that I last saw him alive on, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Shock —	
Due to: Internal Hemorrhage	
Due to: Gun Shot wound of abdomen	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: 106
Of autopsy: No — Permit

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Justifiable Homicide
(b) Date of occurrence: 1-24-48
(c) Where did injury occur? K.C. Jackson (City or town) (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? K.C. Terminal Trucks - 21st & Campbell (Specify type of place)
While at work? no (e) Means of injury: Gun Shot
23. Signature: H. Williams (M. D. or other) D. O.
Address: 2636 Brooklyn Date signed: 1-27-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Fannie L. Wyeth

Licensed Embalmer No. 3818

P. O. Address Kansas City, 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.