

No. 2
2-45
17-39
47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4748

State File No. _____
Registrar's No. **641**

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:
2825 Cypress
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether)
In this community 5 yrs. (years, months or days)

3. (a) PRINT FULL NAME Mrs. Sarah Roxie Brown

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, Dec. 3

6. (b) Name of husband or wife Amos Brown 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased April 7 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>10</u>	<u>5</u>	hr. _____ min. <u>0</u>

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

10. Usual occupation at home,

11. Industry or business X

12. Name Fletcher Slavens

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

14. Maiden name Rebecca Hall

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

16. (a) Informant J. E. Brown
(b) Address 1220 Custer, Kansas City, Mo.

17. (a) removal (b) Date thereof 2-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eldon, Missouri

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gilliam Plaza, K. C., Mo.

19. (a) 2-13-48 (b) Thereldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 2825 Cypress (If rural, give location) 0
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12
year 1948 hour 12:25 minute A. M.

21. I hereby certify that I attended the deceased from 2-5
1948 to 2-11 1948
that I last saw her alive on 2-11 1948
and that death occurred on the date and hour stated above

Immediate cause of death Respiratory Failure Duration 1 hour

Due to Cerebral Venous thrombosis 2 days

Due to Hypertension 20 years

Other conditions Arteriosclerosis
(include pregnancy within 3 months of death)
Cardiac hypertrophy

Major findings:
Of operations _____
Of autopsy 950

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?

While at work? _____ (Specify type of place)
(e) Means of injury 2

23. Signature Wm. R. Paper (M. D. or other) P.O.
Address 3034 N. 10th St. K.C. Date signed 2-13-48

3034
Harrison
R.M.

Dr. Jasper

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.....

K.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.