No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 20 1948

Registration District No. 1009

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 8606

Registrar's No. 1031

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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 32 hrs
In this community: 40 years (Specify whether years, months or days)

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.: 1316½ McGee Room 236
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Frank Castle Brown
3. (b) If veteran, name war: No
3. (c) Social Security No.: 491-22-1402
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: Single
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Feb. 16th, 1875 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
73	0	~~27~~ 17	hr. min.

9. Birthplace: England (City, town, or county) (State or foreign country)
10. Usual occupation: Theaterical
11. Industry or business:
FATHER 12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Lucy Evans
(b) Address: 3847 Bellfountaine
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof: 3/6/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood Cem.
18. (a) Signature of funeral director: Earp & Sons
(b) Address: 4139 East 15th, St.
19. (a) 3-6-48 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 3rd year: 1948 hour: 8 minute: 25 P. M.
21. I hereby certify that I attended the deceased from 3-2-48, 19..., to 3-3-48, 19...; that I last saw him alive on 3-3-48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	
Due to:	
Due to:	
Other conditions: Duodenal ulcer (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 1176
Of autopsy: See above

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):
(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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: Wm. W. Hall (M. D. or other)
Med. Dir. K.C. Gen. Hospital K.C.
Address: Date Signed:

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 John B. Carp

Licensed Embalmer No. 2938

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.