S. No. 300
M—10-47
ev. 5-17-39
1 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 12 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19398

Primary Registration District No. 1002

Registrar's No. 2726

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: ST LUKE'S HOSPITAL D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 MONTHS (Specify whether years, months or days)

In this community 2 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: JACKSON

(c) City or town: KANSAS CITY 48
(If outside city or town limits, write "RURAL")

(d) Street No. 3261 AGNES AVENUE 3
(If rural, give location) 8

(e) Citizen of foreign country? No (Yes or No) 9

If yes, name country ----

3. (a) PRINT FULL NAME: Ella MAE BROWN

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

3. (c) Social Security No.: NONE 2

4. Sex: FEMALE 1

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: WIDOWED

6. (b) Name of husband or wife: MR. EMMET T. BROWN

6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased: JUNE (Month) 9 (Day) 1887 (Year)

8. AGE:

Years	Months	Days	If less than one day
61	0	22	hr. ___ min.

9. Birthplace: BLOWING ROCK (City, town, or county) NORTH CAROLINA (State or foreign country)

10. Usual occupation: HOUSEWIFE

11. Industry or business: ----

FATHER
12. Name: JAMES W. BRADSHAW
13. Birthplace: BLOWING ROCK (City, town, or county) NORTH CAROLINA (State or foreign country)

MOTHER
14. Maiden name: MARY VAN DYKE
15. Birthplace: BOONE (City, town, or county) NORTH CAROLINA (State or foreign country)

16. (a) Informant: MR. WAYNE BROWN
(b) Address: 3261 AGNES AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: JULY 1 1948
(c) Place: burial or cremation: SUNSET (Name of cemetery) MANHATTAN, KANSAS

18. (a) Signature of funeral director: W. A. Neuenschwander Jr.
(b) Address: 1401 BRUSH CREEK BLVD

19. (a) 7-1-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 year 1948 hour 6 minute 00 A. M.

21. I hereby certify that I attended the deceased from Pathologist, 19__; that I last saw him alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Rectum metastatic to liver, liver, lungs & adrenals

Due to:

Due to:

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

Major findings:
Of operations: 4 Lab 2
Of autopsy: Lab

Duration

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

23. Signature: [illegible] (M. D. or other)
Address: St. Luke's Hospital Date signed: 1 July 1948

(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 Edward M. Story

Licensed Embalmer No. 4452

P. O. Address L. 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.