

National Office of Vital Statistics
FILED AUG 2 1948
Registration District No. 29

Primary Registration District No. 5224

State File No. _____
Registrar's No. 135

1. PLACE OF DEATH:
(a) County... Carroll
(b) City or town... Rural Grand River Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State... Kansas (b) County... Wyandotte
(c) City or town... Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME HOWARD ROY BROWN
3. (b) If veteran, name war: _____
3. (c) Social Security No. 487-03-7606
4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Divorced
4. (b) Name of husband or wife Berthe Brown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Jan 3 1903
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 29 year 1948 hour 8:30 minute _____ P. M.
21. I hereby certify that I attended the deceased from Sept 1947 to July 29 1948 that I last saw him alive on July 29 1948 and that death occurred on the date and hour stated above.

8. AGE: Years 45 Months 6 Days 26 If less than one day _____ hr. _____ min.
9. Birthplace: Riley Kansas
(City, town, or county) (State or foreign country)

Immediate cause of death: Cerebral Thrombosis
ACUTE ALCOHOLISM
Due to: _____
Due to: _____
Other conditions (Include pregnancy within 3 months of death): _____

11. Industry or business: _____
12. Name: Thomas R. Brown
13. Birthplace: Riley Kansas
(City, town, or county) (State or foreign country)
14. Maiden name: Josephine Dallinga
15. Birthplace: Riley Kansas
(City, town, or county) (State or foreign country)
16. (a) Informant: Harold B. Holmes
(b) Address: Riley, Kansas
17. (a) Burial (b) Date thereof: Aug 2 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Riley Kansas
18. (a) Signature of funeral director: RUNDENBURGER'S
(b) Address: HARRISONVILLE, MO.
19. July 30 1948 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

Major findings: AB
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? _____ (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: J. B. Margul (M. D. or other) MD
Address: Harrisonville, Mo Date signed: 7/31/48

MOTHER FATHER

PHYSICIAN

Underline the cause of which death should be charged statistically.

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 _____

Ernest R. Remmenburger

Licensed Embalmer No. *3368*

P. O. Address *Harrisonville, 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.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22468
Registrar's No. 135-

Registration District No. 59

Primary Registration District No. 3224

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Rural Grandriver Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 3 months

3: (a) PRINT FULL NAME Howard Roy Brown

3: (b) If veteran, - name war _____
3: (c) Social Security No. 487-03-7606

4. Sex Male 5. Color or race _____
6: (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

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

8. AGE: Years Months Days If less than one day
45 4 26 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 8-14-1948 Laura J. Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? 6 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1948 hour _____ minute _____ M.

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

Immediate cause of death _____ Duration _____

Due to _____

Due to _____

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

Major findings: 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? _____ (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 _____

23. Signature O. B. Barger (M. D. or other) _____

Address Harrisonville, Mo. Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PRINTED NAME OF DECEASED IN THIS SPACE

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.....

Licensed Embalmer No.....

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.