

100
47-
39
908

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

23039

State File No. _____
Registrar's No. 2790

FILED JUL 19 1948

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: GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 DAYS
In this community 1 YR.
years, months or days (Specify whether)

3. (a) PRINT FULL NAME

MARY LOUISE BROWN

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex FEMALE 3
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: JULY 1, 1947
(Month) (Day) (Year)

8. AGE: Years 1 Months 0 Days 1
If less than one day hr. _____ min. _____

9. Birthplace: KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business _____

12. Name OSCAR BROWN

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

14. Maiden name VELMA LEE RILEY

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

16. (a) Informant VELMA LEE BROWN (MOTHER)

(b) Address 1123 1/2 W. 24TH ST.

17. (a) Burial (b) Date thereof July 7, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery, K.C., Mo

18. (a) Signature of funeral director Fannie P. Ma...

(b) Address 1708 E. 50th St.

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

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. 1123 1/2 W. 24TH ST.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 2, year 1948 hour 10: minute 25 P. M.

21. I hereby certify that I attended the deceased from JUNE 16, 1948 to JULY 2, 1948; that I last saw him ER alive on JULY 2, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: LOBAR PNEUMONIA

Due to _____
Due to _____

Other conditions: 108
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy AS ABOVE

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? _____

23. Signature [Signature] (M. D. or other) _____
Address GENERAL HOSPITAL NO. 2 Date signed 7/3/48

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. 15
working under my personal supervision.

Signed Fannie D. Meek

Licensed Embalmer No. 3818

P. O. Address Kansas City 8, 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.