

No. 2
14-41
17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25478

State File No.

FILED AUG 30 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 878

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
State Hospital #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days
(Specify whether years, months or days)

In this community 15 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. 1609 Wyandotte
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME CHARLES W. BROWN

3. (b) If veteran, name war None
No facts

3. (c) Social Security No. none

4. Sex MALE

5. Color or race White

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

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive 4 years (Day) (Year)

7. Birth date of deceased July 4, 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>68</u>	<u>1</u>	<u>15</u>hr.min.

9. Birthplace No facts Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation No facts Carpenter

Industry or business Retired

MOTHER FATHER

12. Name Charles W. Browne Sr.

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

14. Maiden name Christine Schaur

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

16. (a) Informant Miss Amanda Cittle

(b) Address 4520 Main St. K.C. Mo.

17. (a) Burial (b) Date thereof 8/21/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. D. O'Connor

18. (a) Signature of funeral director John G. Crump

(b) Address 6054 Bryor Ave. City

19. (a) 8-23-48 (b) E. G. Jenkins
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19
year 1948 hour 9 minute 0 A. M.

21. I hereby certify that I attended the deceased from Aug 5
1948, to Aug 17, 1948;
that I last saw him alive on Aug 18, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration 10 Da.

Due to.....

Due to.....

Other conditions Arteriosclerosis No facts
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy 107

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?

23. Signature Ed M. Butler (M. D. number).....
Address St. Joseph, Mo. Date signed 8/19/48

(Licensed Embalmer) (Statement on Reverse Side) State Hospital #2

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

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.....

Mandal B. State

Registered Apprentice No. *212*

working under my personal supervision.

Signed.....

John E. Rupp

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph*

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.