

FILED SEP 4 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:
1029 Brooklyn
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 years, months or days Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**

(c) City or town Kansas City **3**
(If outside city or town limits, write "RURAL")

(d) Street No. 1029 Brooklyn **8**
(If rural, give location) **0**

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

If yes, name country _____

3: (a) PRINT FULL NAME George Brown

3. (b) If veteran, name war No

3. (c) Social Security No. Unk.

4. Sex Male **2** 5. Color or race Negro

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

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

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

7. Birth date of deceased August 15, 1886
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>0</u>	<u>3</u>	hr. _____ min. _____

9. Birthplace New Orleans, Louisiana **1**
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name George Brown

13. Birthplace Louisiana **1**
(City, town, or county) (State or foreign country)

14. Maiden name Hannah

15. Birthplace Louisiana **1**
(City, town, or county) (State or foreign country)

16. (a) Informant Vaughn Smith

(b) Address 1029 Brooklyn

17. (a) Removal (b) Date thereof 8/18/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Keytasville, Mo

18. (a) Signature of funeral director [Signature]

(b) Address 1729 [Address]

19. (a) 8-18-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18
year 1948 hour 1 minute 10 A.M.

21. I hereby certify that I attended the deceased from April 1948 to July 18 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 Atherosclerosis
Heart Disease

Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other) MD

Address 1729 [Address] Date signed _____

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 *J. Jerome Manlove*

Licensed Embalmer No. *3994*

P. O. Address. *2503 Highland*

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.