

MISSOURI DIVISION OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 26169

FILED SEP 4 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3433

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. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days
(Specify whether
 In this community 45 years
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. 521 E. 9 St. 8
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME Harry Brown

3. (b) If veteran, name war None 3. (c) Social Security No. unknown

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Single 0

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

7. Birth date of deceased September 5 1881
(Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Specialty

12. Name James Brown

13. Birthplace Mo 0
(City, town, or county) (State or foreign country)

14. Maiden name Velma Williams

15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas C. Brown

(b) Address 2644 Jackson K.C.Mo.

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

(c) Place: burial or cremation Elmwood Cemetery
 18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918-20 Brooklyn
 19. (a) 8-23-48 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 22
 year 1948 hour 12 minute 10 P. M.

21. I hereby certify that I attended the deceased from Aug. 17, 1948 to Aug. 22, 1948;
 that I last saw him alive on Aug. 22, 1948,
 and that death occurred on the date and hour stated above.

Immediate cause of death Hydro and pyonephrosis with pyonephritis

Due to _____

Due to _____

Other conditions 1330
(Include pregnancy within 3 months of death)

Major findings: See above
 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)
 (c) Means of injury _____

23. Signature Wm W Hart (M. D. or other) MD

Address Med. Dir. Gen'l Hosp. Date signed 8-23-48

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

Dr. Yoder
Successor

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 Joe B. Yoder
Licensed Embalmer No. 4173
P. O. Address K. 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.