

S. No. 2
OM-5-43
v. 5-17-39
I X36871

29682

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **3710**

FILED SEP 18 1948

Registration District No. **199** 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:
RITE LINWOOD
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) **20 yrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **JACKSON**

(c) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL")

(d) Street No. **RITE LINWOOD**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **SONIA FAYE BROWN**

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

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **MARVIN** 6. (c) Age of husband or wife if alive **27** years

7. Birth date of deceased **APRIL 5, 1928**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **11**
year **1948** hour **6:00** minute **a** M.

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

8. AGE: Years Months Days If less than one day

20 **5** **6** hr. _____ min.

Immediate cause of death **acute coronary occlusion**

Due to _____

Due to _____

9. Birthplace **KANSAS CITY MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WIFE**

Other conditions (Include pregnancy within 3 months of death) **gHO**

Major findings: Of operations _____

Of autopsy **yes as above**

MOTHER FATHER

11. Industry or business _____

12. Name **IZZY RUBIN**

13. Birthplace **K.C. MO.**
(City, town, or county) (State or foreign country)

14. Maiden name **BESSIE R NOODLEMAN**

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

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? _____

16. (a) Informant **MARVIN BROWN**

(b) Address **K.C. MO.**

17. (a) **BURIAL** (b) Date thereof **9-12-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SHEFFIELD**

While at work? _____ (Specify type of place)

(c) Means of injury **Car**

23. Signature **[Signature]** (M. D. or other) _____
Address **1414 1/2 St** Date signed **9-11-48**

18. (a) Signature of funeral director **J.P. LOUIS FUNERAL HOME**

(b) Address **3400 WOODLAND K.C. MO.**

19. (a) **9-11-48** (b) **Sheraldine Holmes**
(Date received local registrar) (Registrar's signature)

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 Guy Buffington

Licensed Embalmer No. 2156

P. O. Address KC 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.