

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 7 1949

State File No. 547

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 18

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| 1. PLACE OF DEATH a. COUNTY <i>Cass</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Jackson</i> | |
| b. CITY OR TOWN <i>Harrisonville</i> | c. LENGTH OF STAY (If in this place) <i>2 days</i> | c. CITY (If outside corporate limits, write BURIAL and give township) <i>Kansas City</i> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Harrisonville Memorial Hospital</i> | | d. STREET ADDRESS (If rural, give location) <i>2843 Troost Ave</i> | |

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|---|--------------------------|----------------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print) <i>HATTIE</i> | a. (First) <i>HATTIE</i> | b. (Middle) <i>C</i> | c. (Last) <i>BROWN</i> | 4. DATE OF DEATH (Month) (Day) (Year) <i>Feb 2, 1949</i> |
|---|--------------------------|----------------------|------------------------|--|

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|----------------------|-------------------------------|--|-------------------------------------|---|-----------------------------|-----------------------------|
| 5. SEX <i>Female</i> | 6. COLOR OR RACE <i>White</i> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Divorced</i> | 8. DATE OF BIRTH <i>Feb 12 1871</i> | 9. AGE (In years last birthday) <i>78</i> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
|----------------------|-------------------------------|--|-------------------------------------|---|-----------------------------|-----------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i> | 10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i> | 11. BIRTHPLACE (State or foreign country) <i>Warsaw Ky</i> | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i> |
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| 13a. FATHER'S NAME <i>Henry Crouch</i> | 13b. MOTHER'S MAIDEN NAME <i>Mary Connely</i> | 14. NAME OF HUSBAND OR WIFE <i>J. L. Brown</i> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>-</i> | 16. SOCIAL SECURITY NO. <i>-</i> | 17. INFORMANT'S SIGNATURE OR NAME <i>Evelyn Crouch</i> | ADDRESS <i>Harrisonville Mo</i> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>CORONARY THROMBOSIS</i> | | INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i> |
| | ANTECEDENT CAUSES DUE TO (b) <i>ARTERIOSCLEROTIC HEART DISEASE</i> | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <i>4500</i> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from *JAN 29, 1949* to *Feb 1, 1949*, that I last saw the deceased alive on *JAN 31, 1949*, and that death occurred at *2:00* p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <i>Dr. Hargis MD</i> (Degree or title) | 23b. ADDRESS <i>Harrisonville Mo</i> | 23c. DATE SIGNED <i>Feb-1-1949</i> |
|---|--------------------------------------|------------------------------------|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i> | 24b. DATE <i>Feb 2-1949</i> | 24c. NAME OF CEMETERY OR CREMATORY <i>Orient Cemetery</i> | 24d. LOCATION (City, town, or county) (State) <i>Harrisonville Mo</i> |
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|--|---|----|---|---------------------------------|
| DATE REC'D BY LOCAL REG. <i>Feb 1-1949</i> | REGISTRAR'S SIGNATURE <i>Laura J. Jones</i> | 51 | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Pinningburg</i> | ADDRESS <i>Harrisonville Mo</i> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

19

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed Ernest J. Kummerburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville

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.