

FILED FEB 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5214**

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **43**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) Independence		b. COUNTY Jackson	
c. LENGTH OF STAY (in this place) 1 1/2 yr.		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitorium		d. STREET ADDRESS (If rural, give location) 9th & Cherry	

3. NAME OF DECEASED (Type or Print) Dale	a. (First)	b. (Middle) L.	c. (Last) BROWN	4. DATE OF DEATH (Month) (Day) (Year) Feb. 2, 1949
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Mar. 31, 1906	9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 10 HRS. Hours	IF UNDER 15 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY Moody Motor Co.	11. BIRTHPLACE (State or foreign country) Hillsboro, Illinois	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME William A. Brown	13b. MOTHER'S MAIDEN NAME Minnie J. Lawler	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-II	16. SOCIAL SECURITY NO. 491-07-9815	17. INFORMANT'S SIGNATURE OR NAME J. W. Brown, Kenosha, Wisc.	ADDRESS _____
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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) White Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Repair Coronary	20. AUTOPSY? YES <input checked="" 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE A. E. Upsher (Degree or title) MD	23b. ADDRESS 2800 Main St. C. Mo.	23c. DATE SIGNED 2/4/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-5-49	24c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. Feb 4 1949	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Mellody-McGilley-Eylar	ADDRESS Kansas City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

MAY 6 1958

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.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 2989

P. O. Address _____ KC

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.