

FILED JUN 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19447
Registrar's No. 2528

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2528	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. LENGTH OF STAY (In this place) 30 years		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		64	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital				d. STREET ADDRESS (If rural, give location) 3912 Flora			
3. NAME OF DECEASED (Type or Print) a. (First) Walter		b. (Middle) W.		c. (Last) Browne		4. DATE OF DEATH (Month) (Day) (Year) June 7, 1949	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Aug. 26, 1893	
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Days -		IF UNDER 1 HR. Hours -		IF UNDER 15 MIN. Min. -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) electrician		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri Valley, Iowa		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME George Browne		13b. MOTHER'S MAIDEN NAME Mary Happe		14. NAME OF HUSBAND OR WIFE Mrs. Lura Browne			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 510-10-6469		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lura Browne 3912 Flora			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) generalized carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) carcinoma pancreas DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 157X				INTERVAL BETWEEN ONSET AND DEATH April	
19a. DATE OF OPERATION 5-3-49		19b. MAJOR FINDINGS OF OPERATION carcinoma liver and pancreas				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 5, 19 49 to June 7, 19 49 , that I last saw the deceased alive on June 7, 19 49 and that death occurred at 6A. m., from the causes and on the date stated above.							
23a. SIGNATURE Robert C. Davis M. D.				23b. ADDRESS 820 Prof. Bldg.		23c. DATE SIGNED 6-9-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-11-49		24c. NAME OF CEMETERY OR CREMATORY Floral Hills		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 6-11-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stine & Mc Clure Kansas City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. _____

P. O. Address _____

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.

WRITE PLAINLY—USING UNFADING INK

case, injury, or complication which caused death.		DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<i>new revision</i> <i>6-13-49</i> <i>157X</i>	
19a. DATE OF OPERATION <i>5/27/49</i>		19b. MAJOR FINDINGS OF OPERATION <i>Carcinoma Liver & pancreas</i>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)			
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?			
22. I hereby certify that I attended the deceased from <i>Apr 5</i> , 19 <i>49</i> , to <i>June 8</i> , 19 <i>49</i> , that I last saw the deceased alive on <i>Apr 7</i> , 19 <i>49</i> , and that death occurred at <i>6 a m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Robert C. Davis</i> (Degree or title)				23b. ADDRESS <i>820 Prof. Bld.</i>		23c. DATE SIGNED <i>6/9/49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>6-11-49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Floral Hills</i>		24d. LOCATION (City, town, or county) (State) <i>Kansas City, Mo.</i>		
DATE REC'D BY LOCAL REG. <i>6-11-49</i>		REGISTRAR'S SIGNATURE <i>Sheraldine Holmes</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>STINE & McCLURE</i>		ADDRESS <i>Kansas City, Mo.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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.....

Ralston D Reed

Licensed Embalmer No. *3245*

P. O. Address *H. E. 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.