

FILED AUG 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23322**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1001** Registrar's No. **3202**

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) unknown		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2		d. STREET ADDRESS (If rural, give location) 1905 East 16th Street			

3. NAME OF DECEASED a. (First) EMMA			b. (Middle)			c. (Last) BROWN			4. DATE OF DEATH (Month) (Day) (Year) JULY 14 1949		
5. SEX FEMALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH unknown		9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) unknown			12. CITIZEN OF WHAT COUNTRY?		

13a. FATHER'S NAME unknown			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE unknown					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none			17. INFORMANT'S SIGNATURE OR NAME Della Neal 1936 North Thompson; K.C.Kan.			ADDRESS		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC FAILURE						MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES						DUE TO (b) TERMINAL BRONCHO PNEUMONIA			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						DUE TO (c) CHRONIC HYPERTROPHIC ARTHRITIS			
		II. OTHER SIGNIFICANT CONDITIONS						SENILITY			
Conditions contributing to the death but not related to the disease or condition causing death.											

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7230						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **6/17/1949**, to **7/14/1949**, that I last saw the deceased alive on **7/14/1949**, and that death occurred at **6:32a** m., from the causes and on the date stated above.

23a. SIGNATURE E. Frank Ellis (Degree or title) E. Frank Ellis, M.D.			23b. ADDRESS 600 East 22nd Street			23c. DATE SIGNED 7/14/49			
24a. BURIAL CREMATION (Specify) burial		24b. DATE 7/25/49		24c. NAME OF CEMETERY OR CREMATORY Wyandotte Co. Cem. Kansas City, Kansas		24d. LOCATION (City, town, or county) (State)			

DATE REC'D BY LOCAL REG. 7-25-49		REGISTRAR'S SIGNATURE Maldine Holmes			25. FUNERAL DIRECTOR'S SIGNATURE ALICE BAILEY FUNERAL HOME K.C.KAN.			ADDRESS		
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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 W. M. M. Overton

Licensed Embalmer No. 2007

P. O. Address W. C. Kansas

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.