S. No. 300
v. 10.48

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33770

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4477

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY 0
c. LENGTH OF STAY (in this place): 49 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GENERAL HOSPITAL #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON 10
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY 8
d. STREET ADDRESS (If rural, give location): 617 Cottage Lane 3 0

3. NAME OF DECEASED (Type or Print)
a. (First): ALMA
b. (Middle): MAE
c. (Last): BROWN

4. DATE OF DEATH (Month) (Day) (Year): OCTOBER 15 1949

5. SEX: FEMALE 3
6. COLOR OR RACE: NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 1
8. DATE OF BIRTH: MARCH 20 1900
9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MAID
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): KANSAS CITY, MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: SIDNEY ADKINS
13b. MOTHER'S MAIDEN NAME: LUCINDA ADKINS
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Goldie Vance ~~[illegible]~~ — ADDRESS: 617 Cottage Lane

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): BRONCHIAL ADENOMA (LEFT)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO (b)~~ COMPLETE OBSTRUCTION LEFT MAIN BRONCHUS
BRONCHIECTASIS WITH MULTIPLE PULMONARY ABSCESSES

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 212X
20. AUTOPSY? YES [X] NO [ ]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/6/ *, 19*49*, to* 10/15/ *, 19*49*, that I last saw the deceased alive on* 10/15/ *, 19*49 *and that death occurred at* 5:20A *m., from the causes and on the date stated above.*

23a. SIGNATURE E. Frank Ellis (Degree or title): [signature] Sec. mgr.
23b. ADDRESS: 600 East 22nd Street
23c. DATE SIGNED: 10/17/49

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 10-19-49
24c. NAME OF CEMETERY OR CREMATORY: WESTLAWN
24d. LOCATION (City, town, or county) (State): KANSAS CITY, KS

DATE REC'D BY LOCAL REG.: 10-20-49
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: Nathan W. Whatley
ADDRESS: KCK

(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 Nathan H. Gladstein

Licensed Embalmer No. 2700

P. O. Address K. C. K.

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.