S. No. 300
v. 10.48

FILED DEC 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37140

BIRTH NO. 71980-49 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4782

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) 14 hrs
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 49
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) KANSAS CITY 30 3
d. STREET ADDRESS (If rural, give location) 1400 West 24th STreet 8

3. NAME OF DECEASED (Type or Print)
a. (First) INFANT
b. (Middle)
c. (Last) BROWNAMS

4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 29 1949

5. SEX FEMALE 3
6. COLOR OR RACE NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE 0
8. DATE OF BIRTH OCTOBER 29 1949
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 14 Min. 10

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

13a. FATHER'S NAME —
13b. MOTHER'S MAIDEN NAME LERA WILLIAMS
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 LERA BROWN ADDRESS 1400 West 24th Street

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) PREMATURITY (1 lb. 14 oz)

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 7710X
20. AUTOPSY? YES ☐ 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* 10/29/, 1949, *to* 10/29/, 1949, *that I last saw the deceased alive on* 10/29/, 1949, *and that death occurred at* 4:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE E. Frank ~~Ellis~~ M D (Degree or title) E. Frank Ellis, MD
23b. ADDRESS 600 East 22nd Street
23c. DATE SIGNED 10-31-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-9-49
24c. NAME OF CEMETERY OR CREMATORY Leeds Cemetery
24d. LOCATION (City, town, or county) (State) KC Jackson MO

DATE REC'D BY LOCAL REG. 11-11-49
REGISTRAR'S SIGNATURE Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE Wm A Schmeyer
ADDRESS KC 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 Not Embalmed, working under my personal supervision.

Student Embalmer No. .....

Signed Wm A Lohmeyer

Licensed Embalmer No. 3089

P. O. Address KC Mo

Signed .....
Student Embalmer

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.