

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37143**
4764

FILED DEC 3 1949

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
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 township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 44 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY			
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2				d. STREET ADDRESS (If rural, give location) 936 Genessee			
3. NAME OF DECEASED (Type or Print) FRED		a. (First)		b. (Middle) BROWN		c. (Last)	
4. DATE OF DEATH NOVEMBER 6 1949		(Month) (Day) (Year)					
5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH MARCH - 1889	
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER				10b. KIND OF BUSINESS OR INDUSTRY COOK'S TERMINAL		11. BIRTHPLACE (State or foreign country) RICH HILL, MISSOURI	
12. CITIZEN OF WHAT COUNTRY U.S.A.				13a. FATHER'S NAME RAY BROWN		13b. MOTHER'S MAIDEN NAME JANIE BROWN Russell	
14. NAME OF HUSBAND OR WIFE _____				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. 492-14-9006	
17. INFORMANT'S SIGNATURE OR NAME LULA HOWELL				ADDRESS 503 Everett; K.C. Kansas			
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							
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) TERMINAL BRONCHO PNEUMONIA							
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) CEREBRO VASCULAR ACCIDENT							
DUE TO (c) ARTERIOSCLEROTIC TYPE HEART DISEASE WITH HYPERTENSION							
II. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death. GENERALIZED ARTERIOSCLEROSIS							
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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 <u>9-8</u> , 19 <u>49</u> to <u>11-6</u> , 19 <u>49</u> that I last saw the deceased alive on <u>11-6</u> , 19 <u>49</u> and that death occurred at <u>4:15</u> a. m., from the causes and on the date stated above.							
23a. SIGNATURE Frank Ellis (Degree or title) _____				23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 11-7-49	
24a. BURIAL CREMATION/REMOVAL (Specify) Burial		24b. DATE 11/11/49		24c. NAME OF CEMETERY OR CREMATORY Williamson Cem.		24d. LOCATION (City, town, or county) (State) Kansas City, Kan	
DATE REC'D BY LOCAL REG. 11-10-49		REGISTRAR'S SIGNATURE Heraldine Holmes		25. FEDERAL DIRECTOR'S SIGNATURE Sturtevant Bell ADDRESS 1212 Pine			

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

E. Steuking Bullis

Signed.....

Student Embalmer

Licensed Embalmer No. *3178*

P. O. Address *17 1/4 mile*

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.