

FILED NOV 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37627

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5572</u>		Registrar's No. <u>178</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Prairie Twp</u>		c. LENGTH OF STAY (in this place) <u>4 mth 7D</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson Co. Home White</u>		d. STREET ADDRESS (If rural, give location) <u>523 Grand Ave</u>		d. STREET ADDRESS (If rural, give location) <u>523 Grand Ave</u>		d. STREET ADDRESS (If rural, give location) <u>523 Grand Ave</u>	
3. NAME OF DECEASED (Type or Print)		a. (First) <u>THOMAS</u>		b. (Middle) _____		c. (Last) <u>BROWN</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>11-18-49</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S</u>	
8. DATE OF BIRTH <u>3-10-1883</u>		9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>		11. BIRTHPLACE (State or foreign country) <u>Pueblo, Colo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S M.A.D.E.N NAME <u>Unknown</u>		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 <u>Jackson Co. Home, Rt. #4 - Indep. Mo.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>chronic myo. carditis</u>				_____	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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.				_____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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 <u>7:10</u> , 19 <u>49</u> to <u>11/18</u> , 19 <u>49</u> that I last saw the deceased alive on <u>11/17</u> , 19 <u>49</u> , and that death occurred at <u>2:15</u> A.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>S. M. Greene M.D.</u>		23b. ADDRESS <u>Independence Mo</u>		23c. DATE SIGNED <u>11/18/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Interment</u>		24b. DATE <u>11-19-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>K.C. University</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 19, 1949</u>		REGISTRAR'S SIGNATURE <u>Douglas C. Eamshaw</u>		578		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. B. Longford</u> ADDRESS <u>Lee's Summit Mo</u>	

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

NOV 29 RECD

**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.

Signed \_\_\_\_\_

*H. B. Langford*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

3833

P. O. Address \_\_\_\_\_

*Lee's Summit*

**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.