

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4775
State File No. 693
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

d. FULL NAME OF HOSPITAL OR INSTITUTION Lakeside Hospital

d. STREET ADDRESS (If rural, give location) 5816 East 13th Street

3. NAME OF DECEASED
a. (First) Mabel b. (Middle) E. c. (Last) BROWN

4. DATE OF DEATH (Month) (Day) (Year)
Feb. 13, 1950

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Nov. 13, 1897

9. AGE (In years last birthday) 52
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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY At home

11. BIRTHPLACE (State or foreign country) Kansas City, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Marsh

13b. MOTHER'S MAIDEN NAME Louise Wasternan

14. NAME OF HUSBAND OR WIFE Charles F. Brown

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. 547-30-6198

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Charles F. Brown 5816 E. 13th.

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

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis - Uremia. (6 days)
(10 years)
ANTECEDENT CAUSES
DUE TO (b) Arteriosclerosis - hypertension.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) Glomerular nephritis with sclerosis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hepatic cirrhosis

INTERVAL BETWEEN ONSET AND DEATH
5 years
5-7 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
442 X

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)

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 1947, 19 , to Feb 13, 1950, that I last saw the deceased alive on Feb 13, 1950, and that death occurred at 3:30pm m., from the causes and on the date stated above.

23a. SIGNATURE Richard C. Sheehy

23b. ADDRESS 1100 1/2 Winner - Indep., Mo.

23c. DATE SIGNED Feb 15, 50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2/15/50

24c. NAME OF CEMETERY OR CREMATORY Forest Hill

24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 2-15-50 REGISTRAR'S SIGNATURE Sheldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar, Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

*B. A. E. Advertiser
Spokane Washington*

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 Max V. Kirkendall

Signed.....
Student Embalmer

Licensed Embalmer No. 4632

P. O. Address S. C. Mo

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.