

FILED MAR 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4666
820

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If last: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u> <u>2903</u>	
c. LENGTH OF STAY (in this place) <u>25 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>7322 FOREST AVENUE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7322 FOREST AVENUE</u>			
3. NAME OF DECEASED a. (First) <u>VIVIAN</u> (Type or Print)		b. (Middle) <u>ENCOE</u> c. (Last) <u>BROWN</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>FEBRUARY 20 1951</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN-7-1904</u>
9. AGE (In years last birthday) <u>47</u>	11. BIRTHPLACE (State or foreign country) <u>RAGINE, WISCONSIN</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY ---		
13a. FATHER'S NAME <u>WALLACE ENCOE</u>	13b. MOTHER'S MAIDEN NAME <u>TANAHEN</u>		13c. NAME OF HUSBAND <u>MURON D. BROWN</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, (specify)) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>MURON D. BROWN 7322 FOREST AVENUE</u>	
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) <u>BRONCHOPNEUMONIA</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>EMPHYSEMA</u> 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 <u>3 days</u> <u>several years</u> <u>491X</u>	
19a. DATE OF OPERATION <u>NONE</u>	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) (Min.)	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>3 APR.</u> , 19 <u>46</u> , to <u>Feb 20, 1951</u> , that I last saw the deceased alive on <u>Feb 19, 1951</u> , and that death occurred at <u>2:30 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Lawrence E. Wood</u> (Degree or title) <u>Lawrence E. Wood M.D.</u>		23b. ADDRESS <u>411 Nichols Rd. Kansas City Mo.</u>	23c. DATE SIGNED <u>20 Feb 51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB 22 1951</u>	24c. NAME OF CEMETERY OR GREGMATORY <u>MT. MORIAH CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
DATE REC'D BY LOCAL REG. <u>2-22-51</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>D.M. Newsome's Sons 1331 BRUSH CREEK KANSAS CITY, MO.</u>	

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

1:30-6:00

MAR 10 1951

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 *Paul L. Daniel*

Signed.....
Student Embalmer

Licensed Embalmer No. *4702*

P. O. Address *Kansas City, 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.