

FILED MAR 24 1951

STANDARD CERTIFICATE OF DEATH

State File No. 8354

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 933

1. PLACE OF DEATH a. COUNTY JACKSON b. CITY (If outside corporate limits, write RURAL and give town OR TOWN KANSAS CITY) c. LENGTH OF STAY (In this place) 30 yrs. d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY d. STREET ADDRESS (If rural, give location) 1914 East 10th Street	
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3178
3170

3. NAME OF DECEASED (Type or Print) BEULAH BROWN			4. DATE OF DEATH FEBRUARY 25 1951			
5. SEX FEMALE 3	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH AUGUST 5 1900	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MATH		10b. KIND OF BUSINESS OR INDUSTRY MERCY HOSPITAL	11. BIRTHPLACE (State or foreign country) SPRINGFIELD, MISSOURI 0		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME WILL HTWGS	13b. MOTHER'S MAIDEN NAME VIRGIE CLAYBROOKS	14. NAME OF HUSBAND OR WIFE John 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. Unk.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS CHRISTINE GRANT 1914 E. 10th; Apt. 21

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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY CONGESTION & EDEMA UREMIA ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) RENAL INSUFFICIENCY DUE TO (c) HYPERTENSIVE VASCULAR DISEASE		INTERVAL BETWEEN ONSET AND DEATH
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		59 3/4

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 2-15-51, 19 51, to 2-25-51, 19 51, that I last saw the deceased alive on 2-25-51, 19 51, and that death occurred at 6:00P. m., from the causes and on the date stated above.

23a. SIGNATURE E. Frank Ellis MD (Degree or title)	23b. ADDRESS 600 East 22nd Street	23c. DATE SIGNED 2-26-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/2/51	24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. 3-2-51	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1729 Lydia
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(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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed
Student Embalmer -

Licensed Embalmer No.

P. O. Address _____

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.