

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **20062**
2421

No. 300
10.48

FILED JUN 23 1951

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: 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. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>811 Park</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elmer</u> b. (Middle) <u>Lee</u> c. (Last) <u>Brown</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>June-2-1951</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Dec. 31, 1914</u>	
9. AGE (In years last birthday) Months Days <u>33 36 5 2</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (State or foreign country) <u>Lexington, MO</u>	
12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Charles Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Bush</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>490-16-7746</u>		17. INFORMANT'S SIGNATURE OR NAME and address <u>Mattie Jamison 811 Park</u>			
18. CAUSE OF DEATH Enter only one cause per organ (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Post operative intestinal obstruction</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> <u>Gunshot Wound</u>				INTERVAL BETWEEN ONSET AND DEATH. <u>1951</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>At home</u>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1518 Michigan St. Jackson, Mo</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jackson, MO</u>		21d. TIME OF INJURY <u>5/26/51</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>gunshot wound</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Thos. A. Jones</u>		23b. ADDRESS <u>3, 1612 E 13th</u>		23c. DATE SIGNED <u>6/4/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/6/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-6-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>West, Appleton & Jones, Inc.</u>		ADDRESS <u>19057</u>	

(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
Student Embalmer

Student Embalmer No. _____

Signed _____

Licensed Embalmer No. 2710

P. O. Address K.E. 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of Jackson SS.

State File No. 20062
Local Registrar's No. 2421

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 27th day of September, 1951, before me appears Mattie Jamieson, who, upon her oath, states that the original record of ^{birth} death for Elmer Lee Brown, died ^{born} June 2, 1951, in the State of Missouri, and which was filed at K. C. Mo. on 6-6, 1951, should be corrected as follows:

Item No. 8 should read December 31, 1914
Instead of December 31, 1917

Item No. 9 should read 36
Instead of 33

Item No. 11 should read Kansas City, Missouri
Instead of Lexington, Missouri

Item No. 17 should read Mattie Jamieson
Instead of Mattie Jamison

Item No. _____ should read _____
Instead of _____

Item No. _____ should read Verified by birth record of
Instead of Elmer Lee Brown, born at

Item No. _____ should read K. C. Mo. Dec. 31, 1914 - file
Instead of no. 113-15 - filed Jan. 9, 1915

Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mattie Jamieson Relationship Self

811 Park K. C. Mo.
Present Address.

Subscribed and sworn to before me this 27th day of September, 1951.

My Commission expires Oct. 21, 1951 Carrie M. Ruppelius Notary Public.