

FILED NOV 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37179  
4718

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

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR <b>Kansas City</b><br>TOWN |  | c. LENGTH OF STAY (in this place)<br><b>8 months</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3737 Virginia</b>  |  | e. CITY (If outside corporate limits, write RURAL and give township)<br>OR <b>Kansas City</b><br>TOWN                                      |  |
|   |  | d. STREET ADDRESS <b>3737 Virginia</b>   |  |

|  |                           |   |                                       |   |   |
|--|---------------------------|---|---------------------------------------|---|---|
| 3. NAME OF DECEASED<br>(Type or Print)   |                           |   | 4. DATE OF DEATH                      |   |   |
| a. (First) <b>EMMA</b>   | b. (Middle) <b>LYDIA</b>  | c. (Last) <b>BROWN</b>  | (Month) <b>Nov.</b>                   | (Day) <b>4,</b>   | (Year) <b>1951</b>                      |
| 5. SEX <b>F</b>  | 6. COLOR OR RACE <b>W</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b> | 8. DATE OF BIRTH <b>Aug. 12, 1869</b> | 9. AGE (in years last birthday) <b>82</b>                     | 10. CITIZEN OF WHAT COUNTRY? <b>USA</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b> |                           | 10b. KIND OF BUSINESS OR INDUSTRY                                     |                                       | 11. BIRTHPLACE (State or foreign country) <b>Lane, Kansas</b> |   |

|   |                                       |   |
|---|---------------------------------------|---|
| 13a. FATHER'S NAME<br><b>Thompson</b>                                       | 13b. MOTHER'S MAIDEN NAME<br><b>-</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Bernard Brown</b>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> | 16. SOCIAL SECURITY NO. <b>No</b>     | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mrs. Gwen McConnoughey, 3737 Virginia, KC Mo.</b> |

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><b>795</b> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cause of heart disease</b>  |  |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |  |

|   |  |   |   |
|---|--|---|---|
| 19a. DATE OF OPERATION                          | 19b. MAJOR FINDINGS OF OPERATION<br><b>no Post Peruit</b>  |   | 20. AUTOPSY?<br>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 \_\_\_\_\_, 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 <b>Geo. C. Kealhofer</b> (Degree or title) | 23b. ADDRESS <b>4052 Woodway St. Mo.</b> | 23c. DATE SIGNED <b>11-5-51</b>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>  | 24b. DATE <b>11/5/51</b>                 | 24c. NAME OF CEMETERY OR CREMATORY <b>Yates Center</b>                 |
|   |  | 24d. LOCATION (City, town, or county) (State) <b>Yates Center, Ks.</b> |

|   |   |   |
|---|---|---|
| DATE REC'D BY LOCAL REG. <b>11-6-51</b> | REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STINE &amp; McCLURE, Kansas City, Mo.</b> |
|---|---|---|

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

OCT 30 1957

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.

Student .....  
Student Embalmer

Signed *Gen Clark*

Licensed Embalmer No. *4216*

P. O. Address *St. Louis*

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.