S. No. 300
Rev. 10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24368

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3133

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

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 47 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital No. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City.
d. STREET ADDRESS (If rural, give location): 2311 E 9th

3178

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) L c. (Last) Brown

4. DATE OF DEATH (Month) 7 (Day) 7 (Year) 52

5. SEX: male 0

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 1

8. DATE OF BIRTH: 12-29-87

9. AGE (In years last birthday): 64 — 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): EMPLOYEE

10b. KIND OF BUSINESS OR INDUSTRY: K.C. STOCKYARDS CO.

11. BIRTHPLACE (State or foreign country): Platte Co., PARKVILLE, MO. 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Tom B. Brown

13b. MOTHER'S MAIDEN NAME: Mary McLane

14. NAME OF HUSBAND OR WIFE: Minerva M. Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 490-16-7164

17. INFORMANT'S SIGNATURE OR NAME: MRS. MINERVA M. BROWN — ADDRESS: 2311 E. 9th ST. KANSAS CITY, MO

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) Chronic myelogenous leukemia, miliary renal abscesses

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

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: 1041

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] 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) m.

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* 7-7-52, 19__, *to* 7-8-52, 19__, *that I last saw the deceased alive on* 7-8-52, 19__, *and that death occurred at* 9:15a *m., from the causes and on the date stated above.*

23a. SIGNATURE B.I. Burns, M.D. (Degree or title): B.I. Burns, M.D. 0

23b. ADDRESS: 24th & Cherry Sts

23c. DATE SIGNED: 7-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL 1

24b. DATE: JULY 10 1952

24c. NAME OF CEMETERY OR CREMATORY: MT. WASHINGTON CEMETERY

24d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG.: 7-10-52

REGISTRAR'S SIGNATURE: Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE: W.H. Necocomer's Sons — ADDRESS: 1331 BRUSH CREEK KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

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 Basil V. Honey

Signed _____
Student Embalmer

Licensed Embalmer No. 4724

P. O. Address Fairland, 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.