

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **27958**  
**3670**

FILED AUG 30 1952

|   |  |   |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
| BIRTH NO. <u>0</u>  |  | REG. DIST. NO. <u>149</u>   |  | PRIMARY REG. DIST. NO. <u>1002</u>   |  | Registrar's No. _____  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u> <u>0</u>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> <u>3169</u> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Kansas City</u>   |  | c. LENGTH OF STAY (in this place)<br><u>12-hrs</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Kansas City</u> <u>0</u>   |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital # 1</u>   |  |   |  | d. STREET ADDRESS (If rural, give location)<br><u>1329 E 10th</u> <u>11a</u>   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)  |  | a. (First) <u>Hans</u>  |  | b. (Middle) <u>Leon</u>  |  | c. (Last) <u>Brown</u>   |  |
| 4. DATE OF DEATH  |  | (Month) <u>Aug.</u>   |  | (Day) <u>14</u>  |  | (Year) <u>52</u>   |  |
| 5. SEX <u>male</u> <input checked="" type="checkbox"/>  |  | 6. COLOR OR RACE <u>white</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>never married</u>   |  | 8. DATE OF BIRTH <u>Aug. 14, 1952</u>  |  |
| 9. AGE (In years last birthday)   |  | 10. MONTHS <u>12</u>  |  | 11. DAYS <u>12</u>   |  | 12. IF UNDER 14 HRS. <u>12</u> Min.  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>None</u>  |  |   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>-----   |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Kansas City, Mo.</u> <u>0</u> |  |
| 12. CITIZENRY OF WHAT COUNTRY?<br><u>USA</u>  |  |   |  | 13a. FATHER'S NAME<br><u>Hans Brown</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Melba Kruse</u>  |  |
| 14. NAME OF HUSBAND OR WIFE<br>*****  |  |   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> <u>no</u>                        |  |  |  |
| 16. SOCIAL SECURITY NO.<br><u>none</u>  |  |   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Helen Sutton (Aunt) 3139 Whelling K.C. Mo.</u>   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)   |  | MEDICAL CERTIFICATION   |  |  |  |  |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary atelectasis, Prematurity</u>  |  | INTERVAL BETWEEN ONSET AND DEATH  |  |  |  |  |  |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.   |  | 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  |  |  |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input 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>August 14, 1952</u> , to <u>August 14, 1952</u> , that I last saw the deceased alive on <u>Aug. 14, 1952</u> , and that death occurred at <u>12:45pm.</u> , from the causes and on the date stated above. |  |   |  |  |  |  |  |
| 23a. SIGNATURE <u>B.I. Burns</u> (Degree or title) <u>M.D.</u>  |  |   |  | 23b. ADDRESS <u>24th &amp; Cherry Sts.</u>   |  | 23c. DATE SIGNED <u>8/16/52</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |  | 24b. DATE <u>Aug-18 1952</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hill</u>  |  | 24d. LOCATION (City, town, or county) (State)<br><u>Kansas City- Missouri</u>          |  |
| DATE REC'D BY LOCAL REG.<br><u>8-18-52</u>  |  | REGISTRAR'S SIGNATURE<br><u>Geraldine Holmes</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Mrs C.L. Forster 918 Brooklyn K.C. Mo.</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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

*Not Embalmed*  
Signed \_\_\_\_\_

Student .....

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.