

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34907**  
**4680**

FILED NOV 8 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH <b>KANSAS CITY MO.</b> a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> <del>KANSAS CITY</del> b. COUNTY <b>JACKSON</b>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>56 Kansas City, Missouri</b>		c. LENGTH OF STAY (In this place) <b>10-21-52</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY MO</b>		d. STREET ADDRESS (If rural, give location) <b>5631 E-34th 3500</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>GENERAL HOSPT #2</b>				d. STREET ADDRESS (If rural, give location) <b>5631 E-34th 3500</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>PAUL</b>		b. (Middle)		c. (Last) <b>BROWN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>10 21 52</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>NEGRO</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED</b>		8. DATE OF BIRTH <b>5-24-1907</b>	
9. AGE (In years last birthday) <b>45</b>		IF UNDER 1 YEAR Months <b>4</b> Days <b>27</b>		IF UNDER 12 HRS. Hours _____ Mins. _____		11. BIRTHPLACE (State or foreign country) <b>9</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>				10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>CHARLES BROWN</b>		13b. MOTHER'S MAIDEN NAME <b>MATILDA BUSH</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>WAR-2</b>		16. SOCIAL SECURITY NO. <b>500-03-9973</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mattie Jamieson 811-PARK</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Culmonary Fibrosis</b>  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 <b>Conditions contributing to the death but not causing the disease or condition causing death</b> <b>Chronic Pulmonary Emphysema</b>				INTERVAL BETWEEN ONSET AND DEATH <b>5 1/2</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>autopsy of Gen Hospital #2</b>				20. AUTOPSY? 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)		21f. HOW DID INJURY OCCUR?	
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"/>					
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>Thos. A. Jones</b> (Name or Title)				23b. ADDRESS <b>1612 E 12th St</b>		23c. DATE SIGNED <b>10/25/52</b>	
24a. BURIAL OR REMOVAL DATE <b>10-27-52</b>				24b. NAME OF CEMETERY OR CREMATORY <b>NAIL CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>FT LEAVENWORTH MO</b>	
DATE REC'D BY LOCAL REG. <b>10-27-52</b>		REGISTRAR'S SIGNATURE <b>Lealdine Smith</b>		25. FUNERAL HOME SIGNATURE AND ADDRESS <b>J. F. Ramsey A. C. H.</b>			

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.

Student .....  
Student Embalmer

Signed

*J. F. Ramsey*

Licensed Embalmer No. 4081

P. O. Address K. C. 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.