

STANDARD CERTIFICATE OF DEATH

State File No. 38552 Registrar's No. 4869

FILED NOV 22 1952

Form with 25 numbered sections: 1. PLACE OF DEATH (a. COUNTY Jackson), 2. USUAL RESIDENCE (a. STATE Missouri, b. COUNTY Jackson), 3. NAME OF DECEASED (a. (First) Anna, b. (Middle) Barbara, c. (Last) Brown), 4. DATE OF DEATH (Month 11, Day 7, Year 52), 5. SEX F, 6. COLOR OR RACE W., 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed, 8. DATE OF BIRTH March 7, 1869, 9. AGE (In years less birthday) 83, 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home, 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (State or foreign country) Kansas, 12. CITIZEN OF WHAT COUNTRY? USA, 13a. FATHER'S NAME Vines Jennings, 13b. MOTHER'S MAIDEN NAME Unknown, 14. NAME OF HUSBAND OR WIFE Charles Brown, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? No, 16. SOCIAL SECURITY NO. No, 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Harry L. Brown, 225 No. Wheeling, KC Mo., 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia with interstitial hemorrhage, 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 491X, 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) (Minute), 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 Nov. 1, 1952, to Nov. 7, 1952, that I last saw the deceased alive on Nov. 7, 1952 and that death occurred at 12:25A.M., from the causes and on the date stated above., 23a. SIGNATURE B.I. Burns (Degree or title), 23b. ADDRESS 24th & Cherry, 23c. DATE SIGNED 11-7-52, 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 5, 24b. DATE 11/7/52, 24c. NAME OF CEMETERY OR CREMATORY, 24d. LOCATION (City, town, or county) (State) Paola, Kansas, DATE REC'D BY LOCAL REG. 11-7-52, REGISTRAR'S SIGNATURE Geraldine Smith, 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE, Kansas City, Mo.

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

Handwritten mark

7967 1952

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 George L. [Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. 4425

P. O. Address 107 West 39th

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.

New York City, N.Y.