

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42198
5343

State File No. _____

FILED DEC 26 1952
BIRTH NO. _____

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 50 years		d. STREET ADDRESS (If rural, give location) 4145 Forest	
d. FULL NAME OF (If not in hospital or institution, give street address & location) HOSPITAL OR INSTITUTION 4145 Forest Street		e. STREET ADDRESS (If rural, give location) 4145 Forest	

3. NAME OF DECEASED (Type or Print) a. (First) Willard b. (Middle) ANSON c. (Last) Brown Sr.			4. DATE OF DEATH (Month) (Day) (Year) Dec 6, 1952		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH May 27, 1890		9. AGE (In years last birthday) 62		10. KIND OF BUSINESS OR INDUSTRY U.S. Mail	
11. BIRTHPLACE (City and State or Foreign Country) Homer Michigan		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. OCCUPATION (Give kind of work during most of working life, even if retired) Railroad mail clerk	

13a. FATHER'S NAME Waldo Brown		13b. MOTHER'S MAIDEN NAME Margaret Woodin		14. NAME OF HUSBAND OR WIFE Mary W. Brown	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Mary W. Brown 4145 Forest Street Kansas City, Mo.	
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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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pyelonephritis		INTERVAL BETWEEN ONSET AND DEATH 6 wks.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Spinal cord paralysis		1 yr.	
		DUE TO (c) Severe osteoporosis of spine		25 yrs.	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				7334	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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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	
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22. I hereby certify that I attended the deceased from **Feb 8, 1950**, to **Dec 5, 1952**, that I last saw the deceased **Valid on Dec 6, 1952**, and that death occurred at **5:30 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE E. K. Robinson (Degree or title) M.D.		23b. ADDRESS 1278 Professional Bldg.		23c. DATE SIGNED Dec 6, 1952	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/8/52		24c. NAME OF CEMETERY OR CREMATORY Forest Hill	
				24d. LOCATION (City, town, or county) (State) Mo. Kansas City, Mo.	

DATE REC'D BY LOCAL REG. 12-8-52		REGISTRAR'S SIGNATURE E. A. Smith		25. FUNERAL DIRECTOR'S SIGNATURE W. J. Newcomer	
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(Licensed Embalmer's Statement on Reverse Side)

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

1331

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7/24/77

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

Basil Honey

Licensed Embalmer No. *4724*

P. O. Address: *Oakland, N.*

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.