

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**8526**

State File No. \_\_\_\_\_

No. 300  
10-48

**FILED MAR 25 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1002

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>Jackson</b>	b. CITY OR TOWN <b>Kansas City</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>Jackson</b>
c. LENGTH OF STAY (in this place) <b>30 yrs.</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital #2</b>		e. STREET ADDRESS <b>2226 Flora Avenue</b>	(If rural, give location) <b>3328 D</b>

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>John</b>	b. (Middle)	c. (Last) <b>Brown</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>3 3 1954</b>
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<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>Colored</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>October 4, 1886</b>	<b>9. AGE</b> (In years last birthday) <b>67</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Mins. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Hodcarrier</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>—</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Beaumont, Texas /</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>John Brown</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Rosie</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Lula Brown</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>496-01-5482A</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Lula Brown</b>	<b>ADDRESS</b> <b>2226 Flora</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Adeno carcinoma involving the distal half of the stomach.</b>	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		<b>151*</b>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 1-5-54 to 3-3-54, 1954, that I last saw the deceased alive on 2-2-54, 1954, and that death occurred at 4:25 p m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>E. Frank Ellis</b>	(Degree or title) <b>MD</b>	<b>23b. ADDRESS</b> <b>600 East 22nd Street</b>	<b>23c. DATE SIGNED</b> <b>3-5-54</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>3/6/54</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Blue Ridge Lawn</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Kansas City, Missouri</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>3-6-54</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Sheldine Smith</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>Walter D. Benton</i>	<b>ADDRESS</b> <b>18th &amp; Benton</b>
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(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..

Student.....  
Signature of Student Embalmer

Signed..... *Ernest L. Watkins* .....

Licensed Embalmer No. 450

P. O. Address 18<sup>th</sup> St. Dent

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.