

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40441**  
**5228**

FILED DEC 28 1955

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

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS City</b>	c. LENGTH OF STAY (in this place) <b>10 YEARS</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 (If not in hospital or institution, give street address or location) <b>3210 EAST 23RD STREET QUEEN OF THE WORLD Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>930 Admiral Blvd</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Lilby</b>	b. (Middle) <b>MARIE</b>	c. (Last) <b>BROWN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 30, 1955</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>August 1, 1887</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED BANK-BANKERY DEPT.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>S.S. KARSCH COMPANY 1314 MAIN STREET</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>South Dakota</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>WILLIAM BENKERT</b>	13b. MOTHER'S MAIDEN NAME <b>Jennie Frances Bowes</b>	14. NAME OF HUSBAND OR WIFE <b>WILLIAM HENRY BROWN</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>499-16-9741</b>	17. INFORMANT'S SIGNATURE OR NAME <b>KENNETH BROWN</b>	ADDRESS <b>930 ADMIRAL BLVD. KANSAS CITY MO.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Essential arterial hypertension</b>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>331X</b>

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 (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) _____ m.	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 March, 1945, to Nov. 30, 1955, that I last saw the deceased alive on Nov. 30, 1955, and that death occurred at 6:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Esther Winkelmann</b> (Degree or title) <b>D</b>	23b. ADDRESS <b>7449 Broadway</b>	23c. DATE SIGNED <b>Dec 28, 1955</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>DEC-2-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>PLYMOUTH CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>PLYMOUTH IOWA</b>
DATE REC'D BY LOCAL REG. <b>12-2-55</b>	REGISTRAR'S SIGNATURE <b>Meva Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. NEWCOMER'S SONS</b> ADDRESS <b>1331 BAYSH CREEK BOUL. KANSAS CITY, MO.</b>	

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

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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 *Edward M. Stone*  
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Licensed Embalmer No.....

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