

FILED AUG 23 1957

STANDARD CERTIFICATE OF DEATH

State File No. **28204**
3620

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 Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 2 Mo.	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION Forest Ave. Nursing Home		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 2926 Lake Street		8 AS 8	
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) B. c. (Last) Brown			4. DATE OF DEATH (Month) (Day) (Year) 7 30 1957
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8/25/1867
9. AGE (In years last birthday) 89	10. IF UNDER 1 YEAR Months Days	10. IF UNDER 24 HRS. Hours Min.	11. BIRTHPLACE (City, and State or Foreign Country) Macon, Georgia
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common Laborer		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Kinch Brown		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Alice Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Geneva H. Thompson, 2512 N. 5th Street
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* Arteriosclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Senility	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		INTERVAL BETWEEN ONSET AND DEATH 4200	
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) 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 April 1957 to 7/30 1957 , that I last saw the deceased alive on 7/30 1957 , and that death occurred at 5:15 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) D L. S. Daigle, M.D.		23b. ADDRESS 2122 Truman Rd	23c. DATE SIGNED 7/31/57
24a. BURIAL CREMATION (Specify)	24b. DATE 8/3/1957	24c. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Kansas
DATE REC'D BY LOCAL REG. 8-2-57		REGISTRAR'S SIGNATURE Neva Minshall	
25. FUNERAL DIRECTOR'S SIGNATURE Mrs. J. W. Jones		ADDRESS 440 state ave.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
L. S. Daigle

Dr. Diagle

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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 *Eugene English*

Licensed Embalmer No. *4110*

P. O. Address *4422 St. K.C.*

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.