

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032247

FILED OCT 13 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4684 STATE FILE NUMBER

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, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 60 yrs.		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1029 Cleveland Ave.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1029 Cleveland Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Forrest Middle H. Last Brown				4. DATE OF DEATH Month Sept. Day 25 Year 1959				
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2/7/1889	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stockman		10b. KIND OF BUSINESS OR INDUSTRY K. C. Electric Co.		11. BIRTHPLACE (City and state or country) Madison, Missouri		12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME John Brown			13b. MOTHER'S MAIDEN NAME Georgia Ann Enochs			14. NAME OF HUSBAND OR WIFE Mary 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. 493-22-6045		17. INFORMANT Address Mary Brown 1029 Cleveland			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Leukemia, Acemia Metastatic Carcinoma of the Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 2 months DUE TO (c) Carcinoma left lung 9 months						INTERVAL BETWEEN ONSET AND DEATH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 3-12-50 to 9-25-59 and last saw him alive on 9-22-59 Death occurred at 4:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE J. M. Haight (Degree or title)				22b. ADDRESS 3401 E 12th KC MO		22c. DATE SIGNED 9-26-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 9/28/1959	23c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri			
24. FUNERAL DIRECTOR ADDRESS Earp & Sons 4707 Truman Rd. K. C. Mo.				25. DATE RECD. BY LOCAL REG. 9-28-59		26. REGISTRAR'S SIGNATURE new Minshall		

DOCUMENT

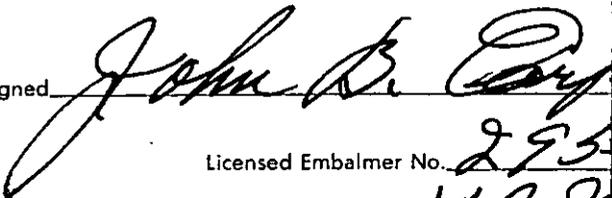
MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed  _____
Licensed Embalmer No. 293
P. O. Address 1700 9th

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.