

Registration District No. 431Primary Registration District No. 5588Registrar's No. 4

1. PLACE OF DEATH:

- (a) County Johnson ¹⁹⁴⁰
 (b) City or town Warrensburg Rural
 (c) Name of hospital or institution: _____
 (If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether

In this community all his life years, months or days)8. (a) PRINT FULL NAME Rufus Lee Brown (SD)

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Edith Brown 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Jan-1-1870 (Month) (Day) (Year)8. AGE: Years 70 Months 0 Days 3 If less than one day _____ hr. _____ min.9. Birthplace Johnson Co. Mo. (City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business _____

12. Name Wm. H. Brown13. Birthplace Johnson Co. Mo. (City, town, or county) (State or foreign country)14. Maiden name Emma Cleveland15. Birthplace Johnson Co. Mo. (City, town, or county) (State or foreign country)16. (a) Informant's own signature Rufus L. Brown(b) Address Warrensburg17. (a) Burial (b) Date thereof Jan-7-1940 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Sunset Hill18. (a) Signature of funeral director Sweeney-Phillips(b) Address Warrensburg, Mo. 1301119. (a) Jan 7-1940 (b) Edra Gentry (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Johnson
 (c) City or town Warrensburg Rural
 (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4
year 1940 hour 6:05 minute P M.21. I hereby certify that I attended the deceased from time of death only 19____, to _____, 19____; that I last saw him alive on dead when arrived and that death occurred on the date and hour stated above.Immediate cause of death non sudden probably coronary thrombosis Duration _____Due to Had not been enjoying very good health - 2 daysDue to myocardial infarction

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 94 15°

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Edra Gentry (M. D. or other) _____Address Warrensburg Mo Date signed 1/6/40

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.....

R. A. Phillips

....., Registered Apprentice No.....

working under my personal supervision.

Signed

R. A. Phillips

Licensed Embalmer No.....

2320

P. O. Address.....

Warrsburg, 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 this body is not embalmed, above space should be left blank.