

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

7807
Do not use this space.

1. PLACE OF DEATH *Platte* *W*
 (a) County *Platte* Registration District No. *698* ✓
 (b) Township *Marshall* 0 Primary Registration District No. *1927*
 (c) City (d) Street No. St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME *Bud B. Brown*
 (a) Residence, No. *Rushville - Rural* St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Divorced*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 16 1876*
 7. AGE YEARS *63* MONTHS *4* DAYS *1* If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. *Farmer*
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *DeKalb* *Mo* 0

FATHER 13. NAME *John J. Brown* 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Vanceburg* *Ky* 1

MOTHER 15. MAIDEN NAME *Louisa Martin*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Last Creek* *Tenn*

17. INFORMANT *Louise Pepper* *West* *Mo*
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE *Camp Ground* DATE *2-18* 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Boil Mortuary* *West* *Mo*

20. FILED *718* 1940 *J. B. Bull*
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 17* 1940

22. I HEREBY CERTIFY, That I attended deceased from *October* 1939, to *Feb 17* 1940
 I last saw him alive on *Feb. 16* 1940. Death is said to have occurred on the date stated above, at *3 P. m.*
 The principal cause of death and related causes of importance were as follows:

acute myocardial degeneration
2. arteriosclerosis
 Date of onset *9/20*
 Other contributory causes of importance: *mitral Regurgitation* 1937

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur?
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no*
 If so, specify

(Signed) *R. M. Cullough, M.D.*
 (Address) *419 Main, West, Mo.*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50 M-1-12-38 I X14023

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 11,
District File Number 340-267
Date Filed MAR 6 1948

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

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.