

Registration District No. 677

Primary Registration District No. 4403

Registrar's No. 63

1. PLACE OF DEATH

(a) County Polk
(b) City or town Polk
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home Highway 66 East 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) Life

3. (a) PRINT FULL NAME Eugene Ray Brown

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W

6. (b) Name of husband or wife Kathleen 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 7 1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
34 8 11 hr. min.

9. Birthplace Polk Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Chemist

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Brown

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name Leora Bonebrake

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Kathleen Brown
(b) Address Polk Mo

17. (a) (Burial, cremation, or removal) Burial (b) Date thereof May 19 1940
(Month) (Day) (Year)

(c) Place: burial or cremation Polk Mo

18. (a) Signature of funeral director Paul Lee
(b) Address Polk Mo

19. (a) 5/18/40 (b) Joe F. Oyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Polk
(c) City or town _____ (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 May day 18
year 1940 hour 7 minute 10 A.M.

21. I hereby certify that I attended the deceased from March 21, 1939, to May 18, 1940,
that I last saw him alive on May 18, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to acute indigestion

Due to _____

Other conditions (Include pregnancy within 3 months of death) 94 lb

Major findings: Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? no (Specify type of place) (e) Means of injury no

23. Signature P. C. Also (M.D. or other) D.C.
Address 209 W 8th Polk Date signed 5/18

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.

RECEIVED

District Health Officer No. 5,

District File Number 640681

Date Filed 6/24/80

Signed S. L. Jones

Licensed Embalmer No. 3397

P. O. Address Rolla, 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.