

FILED JUL 19 1940

3038

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **100**

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 44 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 580 West 2nd
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME:

Charles W. Brown (250)

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Berlin Brown 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased Aug. 10 1895
(Month) (Day) (Year)

8. AGE: Years 44 Months 9 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace: Saline Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Editor

11. Industry or business _____

12. Name Charles Brown
13. Birthplace Iowa
14. Maiden name Gertrude Emily Crompton
15. Birthplace Howard Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Nettie Brown
(b) Address Marshall Mo.

17. (a) Burial (b) Date thereof June 23-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cem.

18. (a) Signature of funeral director Campbell
(b) Address Marshall Mo.

19. (a) 6-22-40 (b) Mary Kent
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1940 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from held inquest
June 21, 1940 to _____, 19 ;

that I last saw him _____ alive on _____, 19 ;
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Hemorrhage Duration _____

Due to _____

Due to _____

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

Major findings: _____
Of operations: _____
Of autopsy: _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Natural causes

(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? 712

While at work? yes (Specify type of place) _____
(e) Means of injury _____

23. Signature B. C. Bradshaw (M. D. or other) _____

Address Arrow Rock, Missouri Date signed _____
Coroner Saline County, Mo.

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

RECEIVED
District Health Officer No. 8
District File Number 4-11-40
Date Filed

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..... *J. Louis Sussman*

Licensed Embalmer No. *32550*

P. O. Address *Manassas*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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