

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 175

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 21  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution ✓  
(Specify whether years, months or days) 78-6-29

3. (a) PRINT FULL NAME George L. Brown n. 657  
3. (b) If veteran, name war ✓  
3. (c) Social Security No. ✓

4. Sex Male 5. Color or race W.  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ella Brown  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased 1-16-1862  
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 29  
If less than one day hr. min.

9. Birthplace Boone Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ✓

MOTHER FATHER { 12. Name Priestly Brown  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Oliver  
15. Birthplace Boone Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant C. C. Brown (son)

(b) Address Columbia Mo

17. (a) Burial (b) Date thereof 8-14-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Providence

18. (a) Signature of funeral director Parkers, (owner)

(b) Address Columbia Mo

19. (a) 8/14/40 (b) Allice Selby  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone  
(c) City or town Columbia Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1207 E. Bridge  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 13  
year 1940 hour 10 minute 03 P.M.

21. I hereby certify that I attended the deceased from Mar 1st  
1940, to 8-13-40, 1940  
that I last saw him alive on Aug 12th, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Disease  
Due to Myocarditis  
Due to Arteriosclerosis

Other conditions Arteriosclerosis (chronic)  
(Include pregnancy within 3 months of death)  
Bronchitis

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) \_\_\_\_\_  
(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?

74 While at work? \_\_\_\_\_ (Specify type of place)  
(a) Means of injury \_\_\_\_\_

23. Signature Lloyd Simpson (M. D. or other) 1  
Address Columbia Mo Date signed 8-13-40

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

0  
3  
4

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

*M. D. Whitcomb*

Licensed Embalmer No. *3893*

P. O. Address *Columbus, 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.