

Registration District No. **757**Primary Registration District No. **3036**Registrar's No. **31**

1. PLACE OF DEATH:

(a) County St. Charles
 (b) City or town St. Charles
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Joseph's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution five days
 (Specify whether
 In this community
 years, months or days)

3. (a) PRINT FULL NAME Clem Young Brown3. (b) If veteran, name war No 3. (c) Social Security No. No4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced wed.6. (b) Name of husband or wife Barnetta Kathryn Brown 6. (c) Age of husband or wife if alive 66 years7. Birth date of deceased Feb 24 1872
(Month) (Day) (Year)8. AGE: Years 68 Months 11 Days 20 If less than one day hr. min.9. Birthplace Lincoln County Mo.
(City, town, or county) (State or foreign country)10. Usual occupation County Official11. Industry or business Alfred Young Brown12. Name Alfred Young Brown13. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name Joanne Taylor15. Birthplace Lincoln County Mo.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs C. Y. Brown(b) Address Winfield Mo.17. (a) Burial (b) Date thereof 2-16-41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Troy City Cemetery18. (a) Signature of funeral director Charles Ricks(b) Address Winfield Mo.19. (a) 2-15-41 (b) Cherene B. Meier
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln
 (c) City or town Marion Township - Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 7 miles west of Winfield
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17
year 1941 hour 6 minute 7 p.m.21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on February 17, 1941;
and that death occurred on the date and hour stated above.Immediate cause of death Hypertensive pneumonia Duration 4 daysDue to metastatic carcinoma of 5 yearsDue to gOther conditions gangrene of l. foot sub
(Include pregnancy within 3 months of death)Major findings: gangrene of l. foot sub
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? 79

(Specify type of place) (e) Means of injury _____

23. Signature Ed Neuberger (M. D. or other) MDAddress St. Charles Mo Date signed 2/15/41

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.....

Charles Ricks

Licensed Embalmer No.

4012

P. O. Address.....

Winfield, 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.