

No. 2
4-13-40
5-17-39
PI X23150

Registration District No. 297

Primary Registration District No. 3016

Registrar's No. 36

36
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Washington

(c) Name of hospital or institution: St. Francis Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 adv. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: Jackson

(a) State Missouri (b) County Franklin 48

(c) City or town Washington Independence 4
(If outside city or town limits, write "RURAL") 4

(d) Street No. 725 So. Main St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? no. 1 years.

3. (a) PRINT FULL NAME CLAUDE REGINALD BROWN

3. (b) If veteran, name war yes (Probably war of 1918) unknown

3. (c) Social Security No. no.

4. Sex Male 0 5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife single

6. (c) Age of husband or wife if alive none years

7. Birth date of deceased June 4 - 1890
(Month) (Day) (Year)

8. AGE: Years 50 Months 9 Days 29 If less than one day hr. min.

9. Birthplace Independence Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Bruggist

11. Industry or business _____

12. Name Charles - Reginald Brown

13. Birthplace Independence Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Mildred Kelley

15. Birthplace Independence Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Frank R. Brown Jr.

(b) Address Independence Mo.

17. (a) Burial (b) Date thereof 4-6-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Independence Mo.

18. (a) Signature of funeral director W. H. Co. 2-11

(b) Address Washington Mo.

19. (a) Apr. 3-1941 (b) J. A. May
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 31
year 1941 hour 6:00 minute AM M.

21. I hereby certify that I attended the deceased from March 31 1941 to April 3 1941
that I last saw him alive on April 3 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 4 da

Due to _____

Due to _____ 94

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) _____

(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? _____

While at work? (Specify type of place) _____

(b) Means of injury _____

23. Signature Frank E. Mays (M. D. or other) MD
Address 2119 1/2th Washington Mo. Date signed 4-9-41

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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.....

none
working under my personal supervision.

....., Registered Apprentice No. none

Signed Henry W. Otto

Licensed Embalmer No. 3560

P. O. Address Washington

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, fact should be so stated above.