

DEC 18 1941

State File No. \_\_\_\_\_

Registration District No. 96

Primary Registration District No. 4058

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Caldwell  
(b) City or town Hamilton, Mo.  
(c) Name of hospital or institution: 1  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell  
(c) City or town Hamilton 13  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LEEMAN NELSON BROWNLEE

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

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife Eata E Brownlee  
6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased Oct. 12 1865  
(Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 22  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Norwood Merer Co Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business \_\_\_\_\_

12. Name Oliver French Brownlee

13. Birthplace Near Mountmouth Ill.  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Jane Thompson  
(City, town, or county) (State or foreign country)

15. Birthplace Full River Mass.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Belmont Bradley

(b) Address 112 Central Chillicothe Mo

17. (a) Burial (b) Date thereof Nov. 5 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Radical Cemetery Caldwell Mo

18. (a) Signature of funeral director J.P. Houghton

(b) Address Hamilton Mo

19. (a) Nov 4 1941 (b) male Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4  
year 1941 hour 2 minute 30:M.

21. I hereby certify that I attended the deceased from Nov 15  
1941, to Nov 4 1941;  
that I last saw him live on Nov 3 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Cerebral thrombosis 3 days  
Due to Cerebral thrombosis 10 yr.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) 830

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

23. Signature J. G. Johnson (M. D. or other) MD

Address Hamilton Mo Date signed 11/4/41

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 L.R. Haughton, Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed L.R. Haughton  
Licensed Embalmer No. 3854  
P. O. Address Sanulton 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, fact should be so stated above.**