

FILED APR 10 1942

Registration District No. 187

Primary Registration District No. 5251

Registrar's No. 4

1. PLACE OF DEATH:

(b) County Christian Co.
 (c) City or town R. F. D. Billings, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
 In this community Life time (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Joel Benjiman Brown3. (b) If veteran, name war _____ 3. (c) Social Security No. _____4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Sarah K. Brown 6. (c) Age of husband or wife if alive 61 years7. Birth date of deceased Dec. 20 1873
(Month) (Day) (Year)8. AGE: Years 68 Months 2 Days 25 If less than one day hr. _____ min. _____9. Birthplace Lawrence Co. Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Farmer11. Industry or business John Brown12. Name _____ 18. Birthplace Not known Tenn.
(City, town, or county) (State or foreign country)14. Maiden name Mary Jane Lassiter
15. Birthplace not known
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Sarah R. Brown(b) Address R. R. D. Billings, Mo.17. (a) Burial (b) Date thereof March 18, 42
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation IOOF Marionville, MO.18. (a) Signature of funeral director J. B. Bradford(b) Address Marionville, Mo.19. (a) March 18, 1942 (b) Mary J. Spears
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian
 (c) City or town R. F. D. Billings, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17th
year 1942 hour Eight minute 30 a.m.21. I hereby certify that I attended the deceased from did not attend deceased during present illness
He died a few minutes
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.Immediate cause of death He was a former patient of mine - had hypertension.
He evidently died of coronary occlusion.Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 940
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?
 _____ (Specify type of place)

While at work? _____ Means of injury _____

23. Signature R. P. Laney (M. D. certificate)
Address Marionville, Mo. Date signed 3/17/42

RECEIVED

District Health Officer No. 6,

District File Number 442-450

Date Filed APR 9 1942

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 Herman M. Scridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.