

FILED MAY 2 1942

Registration District No. 40

Primary Registration District No. 4024

1. PLACE OF DEATH:

(a) County Barton  
(b) City or town Lamar, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
607 Broadway  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 years (Specify whether years, months or days)  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton  
(c) City or town Lamar  
(If outside city or town limits, write "RURAL")  
(d) Street No. 617 Broadway  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Arthur Richard Brown

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mae Brown 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Jan 4 1865  
(Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 17 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Chesterfield, Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation Butcher

11. Industry or business Retired

12. Name James B. Brown

13. Birthplace Rock Ridge, Ill  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Atys

15. Birthplace England  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cecil Hackney

(b) Address Lamar, Mo.

17. (a) Buried (b) Date thereof 4-23-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Country, Mo.

18. (a) Signature of funeral director Peun Funeral Home

(b) Address Lamar, Mo.

19. (a) 4-22-42 (b) Martha River  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21  
year 1942 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb-21-42  
to 1942 to April 21, 1942

that I last saw him alive on April 18, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia

Due to Myocarditis and nephritis

Due to \_\_\_\_\_

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

Major findings: 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? \_\_\_\_\_

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

(e) Means of injury \_\_\_\_\_

23. Signature C. E. Duesate (M. D. or other) MD  
Address Lamar, Mo. Date signed 4-22-42

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

MOTHER FATHER

1119

(Licensed Embalmer's Statement on Reverse Side)

1942

RECEIVED

District Health Officer No. 6,

District File Number 542-614

Date Filed MAY 1 1942

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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:

....., Registered Apprentice No. ....

working under my personal supervision.

Signed R. W. River

Licensed Embalmer No. 3141

P. O. Address Lamar 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.**