

LED JAN 21 1943

Registration District No. **360**

Primary Registration District No. **6225**

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Washington Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 3 Nevada, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 43 yrs 9 mo & 24 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson **108**
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3517 Prospect
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ **0**

3. (a) PRINT FULL NAME GEORGE P. BROWN

3. (b) If veteran, name war Unknown 3. (c) Social Security No. None

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Luz M. Brown 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased Jan 3rd 1854
(Month) (Day) (Year)

8. AGE: Years 88 Months 11 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Maryland
(City, town, or county) (State of foreign country)

10. Usual occupation Book-keeper & Stock dealer

11. Industry or business _____

12. Name Lewis H. Brown

13. Birthplace Maryland
(City, town, or county) (State of foreign country)

14. Maiden name Susan Ann Hudson

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

16. (a) Informant State Hospital Records

(b) Address Nevada, Mo

17. (a) Burial (b) Date thereof 12 27 12
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roscoe, Mo

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

(b) Address Osceola, Mo

19. (a) JEC. 25, 1942 (b) Elizabeth Breckenridge
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25th
year 1942 hour 3 minute 20 P. M.
21. I hereby certify that I attended the deceased from Sept 1st
1939 to Dec 25th, 1942
that I last saw him alive on Dec 25th, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Senile Dementia

Due to _____
Due to _____

Other conditions Ch. Deg. Myocarditis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy P28

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 G. S. Waraich C. (M. D. or other)
Address Nevada, Mo Date signed 12/25/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 12-42-1510

Date Filed 1-15-43

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 Chas Gilbert Hathaway

Licensed Embalmer No. 42167

P. O. Address Accola, MD

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.