

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

FILED AUG 11 1943 57

Primary Registration District No. 3028

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 12 Days
years, months or days)

3. (a) PRINT FULL NAME WALTER PIERCE BROWN
 3. (b) If veteran, name war None
 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 Macey Hickman Brown
 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased February 11, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 5 13 _____ hr. _____ min.

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

10. Usual occupation Farming & Dairyman

11. Industry or business _____
 12. Name Marion Brown
 13. Birthplace Greenup County, Ky.
(City, town, or county) (State or foreign country)
 14. Maiden name Jennie M. Bandy
 15. Birthplace Edgar County, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Walter P. Brown
 (b) Address Route #4, Carthage, Mo.

17. (a) Burial (b) Date thereof 7-26-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakhill Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer
 (b) Address 1208 Garrison, Carthage, Mo.

19. (a) July 26 1943 (b) Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Rural - Marion Township
(If outside city or town limits, write "RURAL")
 (d) Street No. Route #4, Carthage
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24,
 year 1943 hour 2:35 minute A. M.

21. I hereby certify that I attended the deceased from July 6th 1943 to July 24th 1943
 that I last saw him alive on July 23rd 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Cardiac Insufficiency
Pericarditis with
effusion
 Due to Chronic Pyelitis
Chronic Pyelitis
 Due to Chronic Pyelitis
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations 1318
 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)
 23. Signature Royal Clayton (M. D. or other) D M D
 Address Carthage, Mo. Date signed 7/26/43

437-682

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..... *E. J. [Signature]*

Licensed Embalmer No. *2222*

P. O. Address..... *Carthage*

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.