

NOV 8 1943

Registration District No. 32

Primary Registration District No. 5112

1. PLACE OF DEATH:

(a) County Bollinger
(b) City or town Rural Lorance Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 30 years
years, months or days

3. (a) PRINT FULL NAME Louis Brown

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Flora Brown 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Oct. 25 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 II IO _____ hr. _____ min.

9. Birthplace Iron County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name William Brown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Langley
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Flora Brown
(b) Address Grassy, Mo.

17. (a) Burial (b) Date thereof 10-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Myers Cem.

18. (a) Signature of funeral director Baker Funeral Home
(b) Address Lutesville, Mo.

19. (a) 10/6/43 (b) Mrs. Geneva Graham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bollinger
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Grassy
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6th
year 1943 hour 9:00 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

Signature J. E. Graham 3 (M. D. or other)
Address Lutesville, Mo. Date signed 10/6/43

RECEIVED

District Health Officer No. 4
District File Number 1143-2885
Date Filed 11-6-43

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

J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Luttrellville, 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.