

ED NOV 9 1943 67

Registration District No. 267

Primary Registration District No. 59023049

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Sumner
(b) City or town Hyatt Leon
(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 1 (Specify whether
In this community 3 weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Remick
(c) City or town Highland Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 078
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DAN BROWN

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

4. Sex Male 5. Color Colored 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ch. Brown 6. (c) Age of husband or wife if alive 24 years
7. Birth date of deceased October 8 1915
(Month) (Day) (Year)

8. AGE: Years 28 Months 9 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Steele Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Team Hand

11. Industry or business Team Hand

12. Name Ch. Brown

13. Birthplace Meredian Miss
(City, town, or county) (State or foreign country)

14. Maiden name Ella Don (Brown)

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

16. (a) Informant Sarah Phillips

(b) Address Franklin, Missouri

17. (a) Burial (b) Date thereof Oct 10, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland State Mo

18. (a) Signature of funeral director German Unit to Steele, Missouri

(b) Address _____
19. (a) Oct. 13, 1943 (b) Geo. Klueber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8
year 1943 hour 8:00 minute A M.

21. I hereby certify that I attended the deceased from Sept 4 3, 1943, to Date of death 1943
that I last saw him alive on Sept 6 Oct 5, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to J. B. Lungs

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)
(c) Means of injury _____

23. Signature D. C. M. Lee (M. D. or other) _____
Address Highland Mo Date signed 10-12-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

10-43-301

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 John T. German

Licensed Embalmer No. 4355

P. O. Address. State, Missouri

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.