

2
0-39
39
21492

FILED DEC 10 1943
Registration District No. 1023

Primary Registration District No. 5919

State File No. _____
Registrar's No. 96

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

1. PLACE OF DEATH:

(a) County Perry

(b) City or town "Lithium"
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Saline Township
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME David Brown

3. (b) If veteran, name war _____

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 Curly Hastings

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased October 24, 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>0</u>	<u>15</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name James Brown

18. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant James R. Brown

(b) Address Perryville, Mo.

17. (a) Burial (Burial, cremation, or removed)

(b) Date thereof Nov 11, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Home Cemetery

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

(b) Address Perryville, Mo.

19. (a) 11-10-43 (Date received local registrar)

(b) W. J. Elley (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Perry

(c) City or town Lithium
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November, 9th
year 1943 hour 4:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from Nov 9, 1943
9 - 1943 19 to Nov 9, 1943
that I last saw him alive on Nov 9, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy (Cerebral)

Due to Arterio Sclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) g3a

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? _____

23. Signature W. H. Wideman (M. D. or other) W. H. O.

Address Perryville, Mo. Date signed 11-10-43

Duration 4 hrs.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4
District File Number 1243-30
Date Filed 12-9-4

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 _____

Licensed Embalmer No. 3866

P. O. Address Perryville, 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, above space should be left blank.