

No. 2
5-42
17-39
X32873

FILED MAR 3 1944

3002

24

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mexico General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 days
(Specify whether
In this community. Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL.")
(d) Street No. 909 W. Emmons St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. _____

3. (a) PRINT FULL NAME John I. Brown

3. (b) If veteran, name war World War 1 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. Eessie Brown 6. (c) Age of husband or wife if alive. 47 years
7. Birth date of deceased June 16, 1890
(Month) (Day) (Year)

8. AGE: Years 53 Months 8 Days 6 If less than one day .hr. min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name John I. Brown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Laura Kocher
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eessie Brown
(b) Address Mexico, Mo.
17. (a) Burial (b) Date thereof Feb. 24, 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director. Paul E. Pruitt
(b) Address Mexico, Mo.
19. (a) Feb 23-44 (b) Margaret H. Mackie
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22
year 1944 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb. 20
1944, to Feb. 22, 1944,
that I last saw him alive on Feb. 22, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death. Cardiac Failure
Due to Mitral Insufficiency
Due to Acute Pneumonia
EVER

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
928

Duration 3 d.
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 2
23. Signature H. S. [Signature]
Address MEXICO MO Date signed 2-23-44

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

7
44

1094

NOV 6 1958

MAR 3 1944

MAR 8 1944

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.....

Earl E. Precht, Registered Apprentice No.

working under my personal supervision.

Signed *Earl E. Precht*

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.