

1. PLACE OF DEATH:  
(a) County Callaway  
(b) City or town Rural Cedar Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2 1/2 miles north of Guthrie, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution No (Specify whether  
In this community Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Callaway  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2 1/2 miles north of Guthrie, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Chas. Dudley Brown  
3. (b) If veteran, name war No  
3. (c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb day 9  
year 1944 hour 10 minute 0 A. M.  
21. I hereby certify that I attended the deceased from Jan 1  
1943 to Feb 9 1944  
that I last saw him alive on Feb 5 1944  
and that death occurred on the date and hour stated above.

4. Sex Male Color or race Negro  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Elizebeth Brown  
6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased: 4 23 1884  
(Month) (Day) (Year)

Immediate cause of death  
Valvular Heart Disease Duration 14 yrs

8. AGE: Years Months Days If less than one day  
59 9 16 hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 92d

9. Birthplace Callaway Co. Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farmer

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
12. Name Elija Brown  
13. Birthplace Callaway Co. Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Frances Slaughter  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Brown  
(b) Address Guthrie, Missouri

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof 2/12/1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Paris Fork  
18. (a) Signature of funeral director Ray A. Holt  
(b) Address New Bloomfield, Missouri

While at work? \_\_\_\_\_ (Specify type of place)  
(2) Means of injury 1

19. (a) 2-12-1944 (b) Joan M. ...  
(Date received local registrar) (Registrar's signature)

23. Signature E. M. ... (M. D. or other)  
Address New Bloomfield Mo Date signed 2/9/44

RECEIVED  
District Health Officer No. 9,  
District File Number.....  
Date Filed 3-14-44

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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.....

*Ray A. Holt*

Licensed Embalmer No. 2605

P. O. Address New Bloomfield, Miss

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.