

FILED MAR 16 1944
Registration District No. 2

Primary Registration District No. 2007

1. PLACE OF DEATH

(a) County Butler
(b) City or town Paplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Paplar Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day. (Specify whether
In this community lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Cecil Edgar Brown

3. (b) If veteran, name war _____ 3. (c) Social Security No. 498-10-1006

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Barbara 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased April 16, 1906
(Month) (Day) (Year)

8. AGE: Years 37 Months 10 Days 11 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Jesse Brown

13. Birthplace Bernie, Mo. (City, town, or county) (State or foreign country)

14. Maiden name Wava Cunningham

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

16. (a) Informant Mrs. Barbara Brown

(b) Address Brasley, Mo

17. (a) B (b) Date thereof 2-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Male Hill - Butler Co. Mo.

18. (a) Signature of funeral director Frank Catrell

(b) Address Paplar Bluff, Mo

19. (a) 3-2-44 (b) Belle Turner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27
year 1944 hour 10:15 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from 2-10 1944 to 2-27 1944
that I last saw him alive on 2-27 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to _____

Due to _____

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

Major findings: Of operations 136-1
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) No
(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 [Signature] (M. D. or other) _____
Address Paplar Bluff, Mo Date signed _____

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

RECEIVED

District Health Office No. 2,

District File Number 344-49

Date Filed 3-14-44

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.....

Scott A. Bottrill

Licensed Embalmer No. 3567

P. O. Address.....

Poplar Bluff, 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.