

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**FILED JUN 5 1944**

**17652**

Do not use this space.

**1. PLACE OF DEATH**

(a) County Candem Registration District No. 49  
 (b) Township Russell Primary Registration District No. 5175 Registered No. 9  
 (c) City Branch (d) Street No. 1 St. Mo  
 (If death occurred in Hospital or Institution, write its name instead of street and number) 1  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME JOHN JULIUS BROWN**

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State) Mo  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 10-1872  
 7. AGE YEARS 72 MONTHS \_\_\_\_\_ DAYS 15 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. invalid  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co Missouri

FATHER 13. NAME George Brown  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co Mo

MOTHER 15. MAIDEN NAME Margaret Preisle  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland Pa

17. INFORMANT (ADDRESS) George Brown Branch Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopewell DATE 4-27 1944  
Burial

19. FUNERAL DIRECTOR (NAME) (ADDRESS) L B Jones Buffalo Mo

20. FILED May 9 1944 Mrs A. P. Jackson Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 25 1944

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:

No medical attend  
Cerebral Hemorrhage  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: gza!

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Mrs A. P. Jackson Local Reg.  
 (Address) Chillicothe Springs, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1500

RECEIVED

District Health Officer No. 7,

District File Number 5-44-657

Date Filed 6-1-44

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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.....

L B Jones  
Licensed Embalmer No. 2058

P. O. Address Buffalo

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.