

FILED JUL 13 1944
Registration District No. 377

Primary Registration District No. 6284

Registrar's No. 11

1. PLACE OF DEATH: Wright
 (a) County Wright
 (b) City or town Rural Montgomery Twp
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location) 1
 (d) Length of stay: In hospital or institution 7 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Wright
 (c) City or town Rural (If outside city or town limits, write "RURAL") 114
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Houston Courley Brown
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 25
 year 1944 hour 9 minute 40 A.M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct. 19, 1860
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 4, 1944, to May 25, 1944
 that I last saw him alive on May 11, 1944
 and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 7 Days 4 If less than one day hr. _____ min. _____

Immediate cause of death: Cerebral Hemorrhage Duration 7 days
 Due to Arterio Sclerosis 1 yr.

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

Other conditions (Include pregnancy within 8 months of death) Ja
 Due to _____
 Major findings: Of operations _____
 Of autopsy _____

10. Usual occupation Farming
 11. Industry or business _____
 MOTHER FATHER { 12. Name James Brown
 18. Birthplace Granger Co. Tenn.
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Carrol
 15. Birthplace Granger Co. Tenn.
 (City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Mary Benton
 (b) Address St. George Mo.
 17. (a) Rural (b) Date thereof May 26, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Coldwater Cemetery
 18. (a) Signature of funeral director Claude Lawler
 (b) Address Hartsville Mo.
 19. (a) 6-27-44 (b) Foster Rutell
 (Date received local registrar) (Registrar's signature)

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 _____
 23. Signature J. T. Bridges (M. D. or other) _____
 Address Merice, Mo. Date signed 6-6-44

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,
District File Number 744-757.

Date Filed III 9 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.

Almond