MARGIN RE[redacted]R BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.

V. S. [redacted]
50M-7-20-37
I X12004

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

FILED AUG 11 1944

24762
Do not use this space.

1. PLACE OF DEATH
(a) County Harrison
(b) Township Bethany
(c) City Bethany
Registration District No. 133
Primary Registration District No. 3022
Registered No. 84
(d) Street No. Bethany Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Henry Edmon Brown
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Queen Brown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/26/1870
7. AGE YEARS 73 MONTHS 10 DAYS 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
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) Indiana

FATHER
13. NAME D. R. Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Sarah Baker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Gladys Stoner Mt. Moriah Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Lamoville Mo. DATE 6-24 1944
19. FUNERAL DIRECTOR (ADDRESS) J M Chambers Mt. Moriah Mo
20. FILED July 31 1944 Zola M Burris Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-22 1944
22. I HEREBY CERTIFY, That I attended deceased from 6-14, 1944, to 6-22, 1944
I last saw he alive on 6-22, 1944. Death is said to have occurred on the date stated above, at 4:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2 mo

Other contributory causes of importance: 93d

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) D. R. Lydden Jr., M. D.
(Address) Bethany, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, John M Chambers, Licensed Embalmer No. 2109

hereby certify that the body recorded on the reverse side of this certificate was embalmed by My self

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed John M Chambers

Licensed Embalmer No. 2109

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.)