

FILED AUG 18 1944

Registration District No. 25

Primary Registration District No. 6191

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Walnut Sheds MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jasper
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community all but years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jasper
(c) City or town Walnut Sheds MO
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route (If rural, give location)
(e) Citizen of foreign country? U.S.A. (Yes or No)
If yes name country _____

3. (a) PRINT FULL NAME

Jesse S. Brown

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 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 Sept 11 1924
(Month) (Day) (Year)

8. AGE: Years 19 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Walnut Sheds MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____
12. Name Orlie Brown
13. Birthplace Jasper MO
(City, town, or county) (State or foreign country)
14. Maiden name Patricia
15. Birthplace Jasper MO
(City, town, or county) (State or foreign country)

16. (a) Informant Orlie Brown
(b) Address Walnut Sheds MO
17. (a) Burial (b) Date thereof Aug 4 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Reef Springs, Jasper

18. (a) Signature of funeral director G. C. Wheeler
(b) Address Brown
19. (a) Aug 17 44 (b) Mary Miller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3
year 1944 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from at death 1944 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Broken neck Duration _____
accident

Due to Car fell off of blocks
while washing my car
Due to and crushed his chest

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

Major findings: 195e1 PHYSICIAN _____
Of operations _____
Of autopsy 99
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) Car fell on him
(b) Date of occurrence Aug 3 1944
(c) Where did injury occur? Home Walnut Sheds
(City or town) (County) (State) MO
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place) (e) Means of injury _____

While at work? _____
23. Signature G. C. Wheeler (M.D. or other) _____
Address Jasper Jasper County Date Aug 3 1944

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

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RECEIVED

District Health Officer No. 6;

District No. Number 844-893

Date Filed AUG 14 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

Minnie L. Whelcke

Licensed Embalmer No. 2277

P. O. Address Bronson

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.