

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

33877

Do not use this space.

1. PLACE OF DEATH

(a) County Cass
 (b) Township Anglin
 (c) City Rural
 (e) Length of residence in city or town where death occurred 6 yrs. mos. ds.

Registration District No. 50
 Primary Registration District No. 5176

Registered No. 32

2. PRINT FULL NAME

MART BROWN
 (a) Residence, No. Cass Co. Mo. St. Mo.
 (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Malinda Ann Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6 1872

7. AGE YEARS 72 MONTHS 4 DAYS 2 If LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
 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) Nov. 6, 1942
 11. Total time (years) spent in this occupation all his life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 1 mile north Brumley Mo.

13. NAME Samuel Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Nancy Ann Bird

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Mrs. Malinda A. Brown
Stoutland Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE High Point Cemetery DATE 10 9 1944

19. FUNERAL DIRECTOR (ADDRESS) Wm. E. Carter
Stoutland Mo.

20. FILED Oct 31 1944 Edith Nelson
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 8th 1944

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1943 to Oct 9 1944
 I last saw him alive on October 9 1944. Death is said to have occurred on the date stated above, at 9 P. m.
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Coronary heart disease Date of onset 10-8-44

Other contributory causes of importance: 83a
Hypertension

Name of operation none Date of operation none
 What test confirmed diagnosis? histologic Was there an autopsy? no

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) Wm. E. Carter, M. D.
 (Address) Stoutland Mo.

RECEIVED

No. 7,

10-44-1285

File

11-9-44

This body was not embalmed.

STATEMENT BY LICENSED EMBALMER

I, *Not* _____, Licensed Embalmer No. _____

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

_____ L. E. *Embalmed*

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)