

FILED NOV 13 1944

Registration District No. 78

Primary Registration District No. 5696-

Registrar's No. 124

1. PLACE OF DEATH:

(a) County Livingston  
(b) City or town Chula - Rural - Cream Ridge  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Choka - Rural - Cream Ridge - Two  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
(Specify whether  
In this community Life time  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston  
(c) City or town Chula - Rural - Cream Ridge  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3  
year 1944 hour Nine minute 20 A.M.  
21. I hereby certify that I attended the deceased from 8:45 A.M.  
Oct 3 1944 to 9:20 A.M. 1944  
that I last saw him alive on Oct 3 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Head Injury & possible skull fracture - struck by train  
Due to .....

Due to .....

Other conditions:  
(Include pregnancy, within 3 months of death)

Major findings:  
Of operations .....

Of autopsy .....

22. If death was due to external causes, fill in the following:  
(a) Accident, outside, or homicide (specify) accident  
(b) Date of occurrence Oct 3  
(c) Where did injury occur? 1 1/4 mi. S Chula Mo, Livingston Co.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Railroad crossing 1 1/4 mi. S Chula  
(Specify type of place)  
While at work? Enroute to work (years of injury) struck by train  
23. Signature Dr. W. H. Payne (M.D. or other)  
Address Chula, Mo. Box 18 Date signed Oct 4, 44

3. (a) PRINT FULL NAME Roy Brown  
3. (b) If veteran, name war .....

3. (c) Social Security No. 486-12-6571

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Alma Brown 6. (c) Age of husband or wife if alive 44 years  
7. Birth date of deceased Feb 17 1893  
(Month) (Day) (Year)

8. AGE: Years 51 Months 7 Days 25 If less than one day  
hr. min.

9. Birthplace Meadville 0 Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

MOTHER FATHER { 12. Name Charley Brown  
13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Rose Thomas  
15. Birthplace Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Roy Brown

(b) Address Chula Missouri

17. (a) Burial (b) Date thereof 10 6 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Payson Creek Cemetery

18. (a) Signature of funeral director E. J. Robertson

(b) Address Jaredo, Mo.

19. (a) Oct 6 (b) Geo Elba Curry  
(Date received local registrar) (Registrar's signature)

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

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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

**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 *John M Robertson*

Licensed Embalmer No. *4388*

P. O. Address *Laredo Mo.*

**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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34678  
Registrar's No. 124

Registration District No. 187

Primary Registration District No. 5625

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

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Rural Morgan Ridge  
(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)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Roy 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 m

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_

7. Birth date of deceased Feb 17 1905  
(Month) (Day) (Year)

8. AGE: Years 51 Months 7 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) mo

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day \_\_\_\_\_ Year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above. Immediate cause of death \_\_\_\_\_

Collision of auto with train (on fork road, not state maintained)  
skull injury & internal injuries

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations no operation

Of autopsy 1905

PHYSICIAN \_\_\_\_\_  
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) \_\_\_\_\_

(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? at railroad crossing

While at work? going to work (Specify type of place) Means of injury \_\_\_\_\_

23. Signature Dr. W. H. Payne (M. D. or other) D.O.

Address Wellsville, Mo Date signed May 10-44

SUPPLEMENTARY

Home address Chula, Mo.

