

FILED NOV 20 1944

Registration District No. 2

Primary Registration District No. 4398

Registrar's No.

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Holland
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Tenn (b) County _____
(c) City or town Dayton, Tenn.
(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 _____

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3. (a) PRINT FULL NAME George Arthur Brown

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Sallie Brown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 12 1873
(Month) (Day) (Year)

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

9. Birthplace Kingston, Tenn. (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Farmer

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 J. Frank Brown
(b) Address Blytheville, Ark.

17. (a) R (b) Date thereof 5-18-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dayton, Tenn.

18. (a) Signature of funeral director Cobb Funeral Home
(b) Address Blytheville, Ark.

19. (a) 11-1-1944 (b) C. E. Limbaugh
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5-15-1-44
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____
that I last saw him alive on 5-15-1-44, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured blood vessels in brain

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, 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) Means of injury 0

23. Signature D. E. M. Shaw (M. D. or other) _____
Address Holland Tenn Date signed 5-2-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

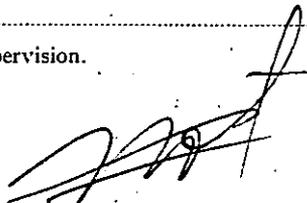
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10-44-243

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, fact should be so stated above.