

FILED DEC 8 1944

Registration District No. 274

Primary Registration District No. 3052

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
719 W. Pacific
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 40 years _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 719 W. Pacific
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Harrison Brown

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Anna McBurnie 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 31 1872
(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 8 If less than one day hr. _____ min. _____

9. Birthplace Pettis County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business unknown

12. Name Charles Ewing Brown
13. Birthplace Georgetown Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lavisa McClanhan
15. Birthplace Pettis County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Walter Sued
(b) Address Logans, Kansas

17. (a) Burial (b) Date thereof Nov. 9, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director McLaughlin Bros.
(b) Address Sedalia, Missouri

19. (a) 11-9-44 (b) Mrs Anna Deyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 8 day 8
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Nov 8 1 1944 to _____ 19____;
that I last saw h _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Found dead in his home, evidently from history Chronic myocarditis due to aortic chronic interstitial nephritis
Due to _____
Duration _____

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

Major findings: 131a
Of operations _____
Of autopsy _____
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? _____
(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature W J Bishop Coroner
Address Sedalia Mo Date signed 11-9-44
(M. D. or other)

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

MOTHER FATHER

Brown Nov 8

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 12-7-44

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 KPM L. Gray
Licensed Embalmer No. 3153
P. O. Address St. Louis, 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.