

FILED JAN 15 1945

Registration District No. 140

Primary Registration District No. 5346

State File No. ....

Registrar's No. 87

1. PLACE OF DEATH:

(a) County Howard  
 (b) City or town Franklin Twp.  
 (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 1  
 (Specify whether  
 In this community Life  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard 4.5  
 (c) City or town Franklin Twp.  
 (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.....

3. (a) PRINT FULL NAME JAMES EDDIE BROWN.

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, divorced unmarried

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

7. Birth date of deceased may 5 1894  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
50 7 28 hr. min.

9. Birthplace Boon Co. Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation machine helper

11. Industry or business M. K. T. R. P. Shop

12. Name Andy Brown

13. Birthplace Boon Co. Mo.  
 (City, town, or county) (State or foreign country)

14. Maiden name Anna E. Brown

15. Birthplace Boon Co. Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Fannie Gilliland

(b) Address Franklin Mo.

17. (a) Burial (b) Date thereof 12 26 44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Chapel

18. (a) Signature of funeral director L. S. Newsum

(b) Address New Franklin Mo.

19. (a) 12-26-1944 (b) Conrad W. Williams  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 24  
 year 1944 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from 12-24  
day 1944 to 12-24 1944

that I last saw him alive on 12-24 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 hr.

Due to Coronary Sclerosis 1 yr

Due to .....

Other conditions none  
 (Includes pregnancy within 3 months of death)

Major findings: Of operations 94R

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? (c) Means of injury.....

23. Signature W. A. Bloom (Coroner) (M. D. or other) MA

Address Fayette Mo. Date signed 12 26 44

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

MOTHER FATHER

1321

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number -----

Date Filed ----- 1-12-45

FEB 20 1945

JAN 17 1945

MAY 4 1945

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 R. L. Hall

Licensed Embalmer No. 3515

P. O. Address New Franklin 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.