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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1945

Registration District No. 2 2 1

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3048

State File No. 41751

Registrar's No. 191

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

1. PLACE OF DEATH:
(a) County: Nodaway
(b) City or town: ~~[illegible]~~ Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 0 (Specify whether years, months or days)
In this community: ~~[illegible]~~ ~~[illegible]~~ 2 hours.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Nodaway 74
(c) City or town: Burlington Jc.
(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: Earl Byron Brown
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Bertha Brown
6. (c) Age of husband or wife if alive: 61 years
7. Birth date of deceased: July (Month) 4 (Day) 1879 (Year)

8. AGE: Years 65 Months 4 Days 10 If less than one day: hr. min.

9. Birthplace: Mt. Ayr (City, town, or county) Iowa (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
MOTHER FATHER
12. Name: Franklin Brown
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name: Ellen Miller
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: Lewis Brown
(b) Address: Blanchard Iowa.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov.16,1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Burlington Jc. Mo.
18. (a) Signature of funeral director: Stanley Swanson
(b) Address: Hopkins, Mo.
19. (a) 12-9-44 (Date received local registrar) (b) Anna Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14 year 1944 hour 6 minute 30 P. M.
21. I hereby certify that I attended the deceased from ..., 19..., 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: Suicide — Duration
Concentrated Acetic Acid
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations:
Of autopsy: Un-Chemical Analysis of Stomach Contents

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): Suicide
(b) Date of occurrence: Nov 14 1944
(c) Where did injury occur? Burlington (City or town) Nodaway (County) Mo. (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: 0
23. Signature: W. R. Sapburn (M. D. or other)
Address: Maryville Date signed Dec. 9-44

(Licensed Embalmer's Statement on Reverse Side)

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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 myself, Registered Apprentice No. ..... working under my personal supervision.

Signed Stanley Swanson

Licensed Embalmer No. 3963

P. O. Address Hopkins, 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.