

FILED JAN 15 1945
Registration District No. **237**

Primary Registration District No. **6139**

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

1. PLACE OF DEATH:

(a) County Shelby

(b) City or town Shelbyville, Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Block Creek Man
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

In this community Lip

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shelby

(c) City or town Shelbyville - Rural
(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 _____

3. (a) PRINT FULL NAME FRANCES ELIJAH BROWN

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 14
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 1944, to Dec 7, 1944,
and that I last saw him alive on Dec 7, 1944,
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary S.

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Nov-21- 1875
(Month) (Day) (Year)

Immediate cause of death Acute dilatation of the heart

Due to Chronic myocarditis of the mitral valve

Due to _____

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

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>0</u>	<u>23</u>	<u>—</u> hr. <u>—</u> min.

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

10. Usual occupation Farming

MOTHER FATHER

11. Industry or business _____

12. Name Robert Alexander Brown

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

14. Maiden name Anna Sophronia Schudy

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

Major findings: Of operations 93d

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Mary Brown

(b) Address Shelbyville, Mo

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

(c) Place: burial or cremation S.O.O.F. Cemetery

18. (a) Signature of funeral director E.P. Thompson

(b) Address Shelbyville, Mo

19. (a) Dec 28, 44 (b) Malley
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

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) (e) Means of injury _____

23. Signature A.W. Wright (M. D. or other) DO

Address Lebanon, Mo Date signed 12/21/44

RECEIVED

District Health Officer No. 10

District File Number 1-45-260

Date Filed JAN 12 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.....

..... *Myself*, Registered Apprentice No.....
working under my personal supervision.

Signed *E. P. Thompson*

Licensed Embalmer No. *1632*

P. O. Address: *Shelbyville, 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:

Local Health Officer