S. No. 2
M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30323

Registration District No. 39 Primary Registration District No. 4104 Registrar's No.

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Westline
(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 life (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19
(c) City or town Westline
(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 Carl David Brown

3. (b) If veteran, name war no

3. (c) Social Security No. 496-07-0097

4. Sex male ()

5. Color or race white

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

6. (b) Name of husband or wife Letitia Williams

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased April (Month) 13, (Day) 1883 (Year)

8. AGE: Years 62 Months 5 Days 7 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business Pratt-Whitney air craft

FATHER
12. Name John C. Brown
13. Birthplace Adkin Co. North Carolina (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mahaley Rairdon
15. Birthplace Morgan Co. Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Irene Brown
(b) Address West Line, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-23-45 (Month) (Day) (Year)
(c) Place: burial or cremation Freeman Missouri

18. (a) Signature of funeral director Ward B. Runyan
(b) Address Louisburg Kansas

19. (a) 9-23-45 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 20 year 1945 hour 1 minute 10 p M.

21. I hereby certify that I attended the deceased from August 3, 1945 to September 15, 1945 that I last saw him alive on September 15, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occulsion	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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 F. Gatley (M. D. or other)
Address Louisburg Kansas Date signed 9-21-5

1433 (Licensed Embalmer's Statement on Reverse Side)

OCT 19 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 Ward B. Runyan

Licensed Embalmer No. 3222

P. O. Address Louisburg, Kansas

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.