

S. No. 2
M-8-43
5-17-39
I X37823

State File No.

FILED OCT 17 1945

6006

Registration District No. Primary Registration District No.

Registrar's No. 176

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

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution:
RFD #1 Cairo Mo. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether)

In this community 69 years.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Rural Cairo
(If outside city or town limits, write "RURAL")

(d) Street No. RFD #1 Cairo
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME PETER MARCELEUS BROWN

MEDICAL CERTIFICATION

3. (b) If veteran, name war none

3. (c) Social Security No. none

20. DATE OF DEATH: Month Sept. day 21st
year 1945 hour 9 minute 15 A.M.

4. Sex Male

5. Color or race White

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

21. I hereby certify that I attended the deceased from Sept 19, 1945 to Sept 21, 1945
that I last saw him alive on Sept 19, 1945
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife:

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

Immediate cause of death: Bronchial Pneumonia 4da
Duration

7. Birth date of deceased: May-30-1861
(Month) (Day) (Year)

Due to: Senile

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>3</u>	<u>22</u>	hr. min.

Due to:

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

Other conditions:

10. Usual occupation: Farmer

Major findings:

11. Industry or business:

Of operations:

12. Name: Isaac Brown

Of autopsy:

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

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

14. Maiden name: Mary C. Galt

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

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

(b) Date of occurrence:

16. (a) Informant: Mrs Mary C. Brown

(c) Where did injury occur?

(b) Address: RFD #1 Cairo Mo.

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) Rural (b) Date there: Sept-23-45
(Rural, cremation, or removal) (Month) (Day) (Year)

(Specify type of place)

(c) Place: burial or cremation: Union Cemetery

While at work?

18. (a) Signature of funeral director: Snow Funeral Home

23. Signature: Philip J. ...

(b) Address: Mobile, Ala.

Address: 203 1/2 N. 6th St. Mobile, Ala. Date signed: 9-22-45

19. (a) 9-23-45 (b) Philip Williams
(Date received local registrar) (Registrar's signature)

1621

RECEIVED

District Health Officer No. 10

District File Number 10-45-1523

Date Filed OCT 16 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. M. Carter

Licensed Embalmer No.

4117

P. O. Address.....

Moberly 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.