

FILED BUREAU OF THE CENSUS JAN 11 1946 STANDARD CERTIFICATE OF DEATH

State File No. 41293

Registration District No. 131

Primary Registration District No. 54674 203

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Spickard
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 61 yr.
In this community 61 yr.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Grundy
(c) City or town Spickard
(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 George Wesley Brown

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lorrah Brown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 27 1851
(Month) (Day) (Year)

8. AGE: Years 94 Months 1 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Merchant

11. Industry or business

12. Name George Brown
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Charley Bentley
(b) Address Spickard Mo
17. (a) Burial (b) Date thereof Jan 2 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Masonic Gr Spickard Mo
18. (a) Signature of funeral director Schoolers Funeral Home
(b) Address Spickard Mo
19. (a) 1-2-46 (b) Mrs. Nathan Paepes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31
year 1945 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from Dec 20, 1945, to Dec 30, 1945
that I last saw him alive on Dec 30, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 107
Of autopsy _____

Duration

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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. W. Ewing (M. D. or other) _____
Address Spickard Date signed 1-2-46

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

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.....

Ross Wisco

Licensed Embalmer No.....

3771

P. O. Address.....

Spuckard 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.