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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41987

Registration District No. 251 Primary Registration District No. 3648 Registrar's No. 192

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway 74
(c) City or town Burlington Junction, Mo Rural
(If outside city or town limits, write "RURAL") O
(d) Street No. 3½ miles S.E.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Marion Brown

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

4. Sex male O
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Ettie Brown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 11, 1862 (Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 27 If less than one day hr. min.

9. Birthplace Rockcastle Co, Kent. / (City, town, or county) (State or foreign country)
10. Usual occupation farmer
11. Industry or business

FATHER
12. Name Dan Brown
13. Birthplace Kent / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ruthie Watson
15. Birthplace Kent. / (City, town, or county) (State or foreign country)

16. (a) Informant Arain Brown
(b) Address Burlington Junction, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-31-45 (Month) (Day) (Year)
(c) Place: burial or cremation Ohio Cemetery
18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville Mo.
19. (a) 1-3-46 (Date received local registrar) (b) Bess Hall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28
year 1945 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from Dec 26, 1945 to Dec 28, 1945
that I last saw him alive on Dec 28, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Central Hemorrhage with right sided paralysis

Due to Terminal Sclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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

23. Signature A. M. Hallis (M. D. or other) MO
Address Maryville - Mo Date signed 12-31-45

1598 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number
Date Filed

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 John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville 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.