

Registration District No. 302

Primary Registration District No. 6043

Registrar's No. 1532

1. PLACE OF DEATH:

(a) County RIPLEY
(b) City or town RURAL - WASHINGTON MISS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5 miles N of Naylor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 20 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ripley 91
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No. 5 miles N of Naylor
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM FRANKLIN 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 single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)
7. Birth date of deceased April 21 1896
(Month) (Day) (Year)

8. AGE: Years 49 Months 8 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Jackson Co. Tenn!
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name James R. Brown
13. Birthplace Clay Co. Tenn!
(City, town, or county) (State or foreign country)
14. Maiden name Marguerite Brown
15. Birthplace Jackson Co. Tenn!
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lula Marsh
(b) Address Naylor Mo

17. (a) Burial (b) Date thereof 12-28-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Camp

18. (a) Signature of funeral director Minnie Dick

(b) Address Naylor, Mo

19. (a) Saw 1-4-46 (b) Bertha Whites
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25
year 1945 hour _____ minute _____ A.M.

21. I hereby certify that I attended the deceased from Dec 24
1945 to Dec 25 1945
that I last saw him alive on Dec 24 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration _____

Due to _____

Due to _____

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

Major findings: Stroke

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 J. T. Farr (M. D. or other) _____

Address Naylorville Date signed Dec 28

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

MOTHER FATHER

1217

RECEIVED

District Office: Room No. 5,

District File Number:

14623

Date Filed

1-3-46

FEB 1 1946

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 Bryan McCord

Licensed Embalmer No. 4879

P. O. Address Naylor, Miss

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.