

No. 2
-8-43
17-39
X37823

FILED MAR 3 6 1946
Registration District No. 352

Primary Registration District No. 6191

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Laney

(b) City or town Walnut Shade Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Home - Jasper
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community all life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Laney 706

(c) City or town Walnut Shade 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Route 0
(If rural, give location)

(e) Citizen of foreign country? U.S.A (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME SHERREN KAY BROWN

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female 5. Color or race W

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

6. (b) Name of husband or wife name

6. (c) Age of husband or wife if alive no years

7. Birth date of deceased Nov 12 45
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

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

10. Usual occupation name

11. Industry or business _____

12. Name Norman Brown

13. Birthplace Walnut Shade MO-U
(City, town, or county) (State or foreign country)

14. Maiden name Beaula Anderson Norman

15. Birthplace Reed Springs MO
(City, town, or county) (State or foreign country)

16. (a) Informant Norman Brown

(b) Address Reed Springs MO

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director R.O. Whelchel

(b) Address Brown MO

19. (a) Jan 12 - 1946 Archie Brookshire
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2
year 1946 hour 9 AM minute _____ M.

21. I hereby certify that I attended the deceased from at death
only, 19 Jan 2, 19 45
that I last saw him alive on death Jan 2, 19 45
and that death occurred on the date and hour stated above.

Immediate cause of death Smothered to death while sleeping

Due to _____

Due to also had strangling spells since birth

Other conditions slight case of flu
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

22. If death was due to external causes, fill in the following: 106

(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 3

23. Signature Harry Forsyth Cassus
Address Forsyth MO Date signed Jan 2 - 1946

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

RECEIVED

District-Health Officer No. 6,

District File Number 146-173

Date Filed FFR 26 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.....

Not Embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed Minnie J. Whelchel

Licensed Embalmer No. 2277

P. O. Address Channon 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Mar
Registrar's No. 3

Registration District No. 352 Primary Registration District No. 6191

1. PLACE OF DEATH:

(a) County Janey
(b) City or town Boyer
(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 _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Sherven K. Brown
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 12 1935
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____ year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; to _____, 19____; and that death occurred on the date and hour stated above.
What I first saw h. _____
Immediate cause of death _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy 1452

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

(a) Accident, suicide, or homicide homicide while driving

(b) Date of occurrence Jan. 2, 1946

(c) Where did injury occur? Walnut Creek mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Smoothed car home
(Specify type of place) (e) Means of injury _____

23. Signature Harry Farney (M. D. or other) Carson

Address Farney mo Date signed Jan 2, 1946

SUPPLEMENTARY

ADDITIONAL
SUPPLEMENTARY
INFORMATION
REQUESTED

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

7195

8256