

FILED APR 12 1946

Registration District No. 6

Primary Registration District No. 4107

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town El Dorado Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Name
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mi. (b) County Cedar 20
(c) City or town El Dorado Springs 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Harry Brown

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Angeline 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Nov. 15 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 4 18 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John J. Brown
13. Birthplace _____ (City, town, or county) Ind. (State or foreign country)
14. Maiden name Susan Golden
15. Birthplace _____ (City, town, or county) Ind. (State or foreign country)

16. (a) Informant Mrs. Emma Brown
(b) Address El Dorado Springs, Mo.
17. (a) Burial (b) Date thereof 31-4-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mound Cem.

18. (a) Signature of funeral director Lurion Carother
(b) Address El Dorado Springs, Mo.
19. (a) 3/8/46 (b) _____ (Registrar's signature)
(Data received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
year 1946 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb. 24, 1946 to Mar. 2, 1946
that I last saw him alive on Mar. 1, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy _____

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)
(2) Means of injury _____
23. Signature C. K. Underwirth (M. D. or other) D.O.
Address El Dorado Springs Date signed 3-8-46

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. 7

District File No. 3-46-370

Date Filed 4-11-46

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 .....

Licensed Embalmer No. 2034

P. O. Address *2000 S. Springs, 1200*

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.