

FILED MAY 13 1946 STANDARD CERTIFICATE OF DEATH

12573

State File No.

Registration District No. 71

Primary Registration District No. 3012

Registrar's No. 46

1. PLACE OF DEATH:

(a) County CLAY  
(b) City or town Excelsior Springs, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Veterans Administration Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 mos., 22 days  
(Specify whether years, months or days)  
In this community 2 mos., 22 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Caddo 999  
(c) City or town Cogar  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route #1  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Ranzo A. Brown

3. (b) If veteran, name war World War II

3. (c) Social Security No. Yes, not remembered

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced, Single  
6. (c) Age of husband or wife if alive 23 years  
7. Birth date of deceased Sept. 1 1923  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
22 7 9 hr. min.

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

10. Usual occupation Farming

11. Industry or business

12. Name Glen Brown  
13. Birthplace Oklahoma  
(City, town, or county) (State or foreign country)  
14. Maiden name Fern Eltemare  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records, Veterans Administration, Excelsior Springs, Mo.  
(b) Address Excelsior Springs, Mo.  
17. (a) Removal (b) Date thereof 4-10-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: of removal: Minco, Oklahoma

18. (a) Signature of funeral director Virgil Hope, Undertaker  
(b) Address Excelsior Springs, Missouri  
19. (a) 4/11/46 (b) Baroline Hutchings  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1946 hour 1:55 minute A. M.

21. I hereby certify that I attended the deceased from January 19 1946 to April 10 1946; that I last saw him alive on April 10 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, pulmonary, chronic unknown far advanced, active

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 13/1/46  
Of autopsy No autopsy performed

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 Ernest N. Tapp (M. D. or other) M.D.  
Address Veterans Administration Hospital, Excelsior Springs, Mo. Date signed 4-10-46

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

11478

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RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 5-10-46

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 James A. Moles

Licensed Embalmer No. 3296

P. O. Address Exp Springs, 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.