

FILED MAY 7 1946
Registration District No. 170

Primary Registration District No. 5549

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Richmond twp. Rural
(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 All his life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Hiram Brown

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

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Bettie Cason 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 15, 1861
(Month) (Day) (Year)

8. AGE: Years 85 Months 0 Days 9 If less than one day hr. _____ min. _____

9. Birthplace Howard County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

MOTHER FATHER { 11. Industry or business _____
12. Name Unknown
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Hattie Stapleton Talbot
(b) Address R.F.D. Fayette, Mo.
17. (a) Burial (b) Date thereof 4/26/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fayette, Mo.

18. (a) Signature of funeral director Ralph A. Carr
(b) Address Fayette, Mo.
19. (a) 5-1-1946 (b) Death
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1946 hour 10:00 minute _____ P. _____ M. _____

21. I hereby certify that I attended the deceased from February 1946 to April 1946
that I last saw him alive on April 3 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 2 yrs.

Due to Age -
Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none
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) Means of injury _____
23. Signature Wm. J. Shaw (M. D. or other) _____
Address Fayette, Mo. Date signed 4-26-46

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

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0
11871

123

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-6-46

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 Ralph A. Carr
Licensed Embalmer No. 3340
P. O. Address Guyette 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.