

FILED MAY 13 1946

State File No.

Registration District No. 333

Primary Registration District No. 6196

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Worth Sherrill
(b) City or town Worth Sherrill
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1/2 mi. west of Sherrill, Mo. at home
(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
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Texas 107
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1/2 mi. west Sherrill Mo
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Daniel Joseph Brown

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

4. Sex Ma 5. Color or race W 6. (a) Single, widowed, married, divorced W 3

6. (b) Name of husband or wife Margaret Brown 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan 1 1865
(Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days 6 If less than one day _____ min.

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

10. Usual occupation Blacksmith

11. Industry or business _____

12. Name Park Brown

13. Birthplace not known 9
(City, town, or county) (State or foreign country)

14. Maiden name Jane Frazier

15. Birthplace not known 9
(City, town or county) (State or foreign country)

16. (a) Informant J. S. Brown 1

(b) Address Worth Sherrill

17. (a) Rural (b) Date thereof 4-9-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hutchinson Cem

18. (a) Signature of funeral director Smith Ferguson

(b) Address Fishing Mo.

19. (a) 4-25-46 (b) Blanca Nesse
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 7
year 1946 hour 2 minute 5 A. M.

21. I hereby certify that I attended the deceased from Nov. 24 1944 to Apr. 7 1946
that I last saw him alive on Mar. 18 1946
and that death occurred on the date and hour stated above.

Immediate cause of death George neoplasia Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 131

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 [Signature] (M. D. or other)

Address Fishing Mo. Date signed 4/8/46

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

14361

RECEIVED

District Health Officer No. 5,

District No. 546330

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: Eubert C. Ferguson

Licensed Embalmer No. 3945

P. O. Address. Licking, 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.