

No. 2
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5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED JUN 5 1946 STANDARD CERTIFICATE OF DEATH

State File No. 15658

Registration District No. 15

Primary Registration District No. 3004

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Lamar

(c) Name of hospital or institution:
913 East 7th Street

(d) Length of stay: In hospital or institution 1 month

In this community 1 month

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County Jefferson 977

(c) City or town Pine Bluff 3

(d) Street No. Pine Bluff (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME RAYMOND ROBERT BROWN

3. (b) If veteran, name war None

3. (c) Social Security No. 486-26-5705

4. Sex Male 1

5. Color or race White

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

6. (b) Name of husband or wife Edith Watson Brown

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased January 16 1903

8. AGE:

| Years | Months | Days | If less than one day |
|-------|--------|------|----------------------|
| 43 | 3 | 27 | hr. min. |

9. Birthplace Eldon, Missouri

10. Usual occupation Fire Chief

11. Industry or business Pine Bluff, Ark. Arsenal F. D.

Name Robert C. Brown

13. Birthplace Missouri

14. Maiden name Mary E. Stevens

15. Birthplace Eterville, Missouri

16. (a) Informant Mrs. Edith Watson Brown

(b) Address Pine Bluff, Arkansas

17. (a) Burial (b) Date thereof May 16 1946

(c) Place: burial or cremation Memorial Park, KC Mo.

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) MAY 14 1946 (b) Marie Konantz

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13

year 1946 hour 3 minute 35 P. M.

21. I hereby certify that I attended the deceased from April 5

1946 to May 12 1946

that I last saw him alive on May 11 1946

and that death occurred on the date and hour stated above.

Immediate cause of death Uremic condition

Due to Nephrosis + Glomerulonephritis

Due to 3 months

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 130

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) (e) Means of injury

23. Signature D. Guldner (M. D. or other)

Address Lamar Date signed 5-14-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

14330

14

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 646-607

Date Filed JUN 3 1946

JUN 6 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Carl F. Korman

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Barton } ss.

State File No.....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 26

Of this 13th day of June, 1946, before me appears
Carl Kowitz, who, upon his oath, states that the original record of ~~birth~~
for Raymond Robert Brown died May 13, 1946; in the State of
~~born~~ Missouri, and which was filed at Lamar on May 14, 1946 should be corrected as follows:

Item No. 3 should read 486-26-5705

Instead of blank

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Carl Kowitz Funeral Director
Lamar Missouri Relationship.
Present Address.

Subscribed and sworn to before me this 13th day of June, 1946.

My Commission expires October 22, 1948 Eldera Guffin Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

15658