

FILED JUN 13 1946
Registration District No. 133

Primary Registration District No. 4-205-5489

Registrar's No. 64

1. PLACE OF DEATH:
 (a) County Harrison
 (b) City or town Melbourne
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 7
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: _____
(Specify whether years, months or days)
 In this community All his life

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Harrison 41
 (c) City or town Melbourne
(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 John A. Brown
 3. (b) If veteran, name war No 3. (c) Social Security No. No
 4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan. 5 1866
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 27 year 1946 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from May 9th 1946 to _____ 19____
 that I last saw him alive on May 19th 1946 and that death occurred on the date and hour stated above.
 Immediate cause of death Chronic myocarditis 2 years
 Duration _____

8. AGE: 80 Years, 4 Months, 22 Days
 If less than one day _____ hr. _____ min.

Due to Do not know
 Due to _____

9. Birthplace Harrison Co. Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired

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

MOTHER FATHER
 11. Industry or business _____
 12. Name Noah Brown
 13. Birthplace Ind.
(City, town, or county) (State or foreign country)
 14. Maiden name Mary I. Golphence
 15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings: _____
 Of operations: _____
 Of autopsy: 93d
 Underline the cause to which death should be charged statistically.

16. (a) Informant Paul Brown
 (b) Address Melbourne, Mo.
 17. (a) Burial (b) Date thereof 5-29-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mitchell Ceme.
 18. (a) Signature of funeral director Martin Funeral Home
 (b) Address Princeton, Mo.
 19. (a) May 31-46 (b) Zola Burris
(Date received local registrar) (Registrar's signature)

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 Oliver F. Duffy (M.D. or other) M.D.
 Address 1212 W. 1st St. Melbourne, Mo. Date signed May 28th 1946

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

15324

116

1946

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 H. Ivan Martini
Licensed Embalmer No. 3760
P. O. Address Peru, 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.