

S. No. 2
M-5-43
r. 5-17-39
P I X36671

FILED AUG 12 1946

Registration District No. **56** Primary Registration District No. **4080**

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

1. PLACE OF DEATH:

(a) County **Carroll**

(b) City or town **Norborne, MO. Egypt.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
410, south pine street.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **XX**
(Specify whether years, months or days)

In this community **sixty five years.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County **Carroll**

(c) City or town **Norborne, Mo.**
(If outside city or town limits, write "RURAL")

(d) Street No. **410 south pine street.**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Leonidas Brown.**

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

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of ~~husband~~ or wife **Jennie Brown, Wife**

6. (c) Age of husband or wife if alive **80** years

7. Birth date of deceased **August 12, 1861.**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **30th** year **1946** hour **3:00** minute **0** M.

21. I hereby certify that I attended the deceased from **7-29-1946 to 7-30-1946**

that I last saw him alive on **7-30-1946** and that death occurred on the date and hour stated above.

Immediate cause of death **apoplexy**

8. AGE:	Years	Months	Days	If less than one day
	84	II	13	hr. min.

Duration **Scrubber**

Due to _____

Due to _____

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

10. Usual occupation **Retired Farmer.**

11. Industry or business **Sir**

MOTHER FATHER { 12. Name **Alexander Brown.**

{ 13. Birthplace **Clay County Missouri.**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Nancy Anders Phillips.**

{ 15. Birthplace **Clay County Missouri.**
(City, town, or county) (State or foreign country)

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

Major findings: **gzw**

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Jessie Bosson**

(b) Address **Norborne, Mo.**

17. (a) **Burial** (b) Date thereof **8-1-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fairhaven Cemetery.**

18. (a) Signature of funeral director **John E. Smith**

(b) Address **Norborne, Missouri.**

19. (a) **8-1-1946** (b) **Eileen Peniston**
(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) (c) Means of injury _____

23. Signature **B. C. Cole** (M. D. or other) _____
Address **Norborne, Mo.** Date signed **7-31-46**

RECEIVED

District Health Officer No. &

District File Number

Date Filed 8-10-46

APR 16 1953

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 Me

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

Signed John S. Dulch

Licensed Embalmer No. 3654

P. O. Address Northone 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.