

FILED AUG 12 1946

Registration District No. 376

Primary Registration District No. 6075

Registrar's No. 219

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 yrs. 10 mos.
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME CLARENCE WILLIAM BROWN

3. (b) If veteran, name war Unknown 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years 1881

7. Birth date of deceased May 13 1881
(Month) (Day) (Year)

8. AGE: Years 64 Months 11 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation Salesman

11. Industry or business _____

12. Name Unknown

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Removal (b) Date thereof 5-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation to Washington University St. Louis, Mo

18. (a) Signature of funeral director _____

(b) Address by Cozean Service, Farmington, Mo

19. (a) 7-17-46 (b) Esther Rudloff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1946 hour 10 minute 45 A. M.

21. I hereby certify that I attended the deceased from April 19, 1946 to May 12, 1946
that I last saw him alive on May 12, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Chronic Myocarditis

Due to _____

Arteriosclerosis

Due to _____

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

Major findings: Of operations _____

Of autopsy No autopsy.

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 George W. Peers (M. D. or other) C.M.S.
Address Farmington, Mo Date signed 5/20/46

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

23587

RECEIVED

District Health Officer No. 4

District File Number 846-2461

Date Filed 8-9-46

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 *C. H. Pearson*.....

Licensed Embalmer No. 4084.....

P. O. Address Farmington, Me.....

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.