

FILED AUG 8 1948 STANDARD CERTIFICATE OF DEATH

State File No. 26021

Registration District No. 354 Primary Registration District No. 6197 Registrar's No.

1. PLACE OF DEATH:

(a) County Texas
(b) City or town Rural, Burdine Twp
(c) Name of hospital or institution
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 5 8 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Texas
(c) City or town Rural
(d) Street No. Burdine Twp South Cabool
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1946 3 hour minute 9 M.

I hereby certify that I attended the deceased from July 27 to July 31 1946
that I last saw him alive on July 30 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis (Pari Area)
Due to Self administered
Duration 7/22/46 to 7/31/46

Other conditions:
Major findings: Of operations 3 P.V.
Of autopsy 16
PHYSICIAN

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence 7/22/46 7/21/46
(c) Where did injury occur? Cabool, Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(e) Means of injury Poison
23. Signature H. D. Brack (M.D. or other)
Address Cabool, Mo Date signed 8/1/46

3. (a) PRINT FULL NAME Allison EVERETT Brown

3. (b) If veteran, name war World War I 3. (c) Social Security No. 499-09-8714

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M -
6. (b) Name of husband or wife Ida 6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased SEPT 12 1887 (Month) (Day) (Year)

8. AGE: Years 58 Months 10 Days 19 If less than one day hr. min.

9. Birthplace Elk Creek Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Wiley L. Brown
13. Birthplace Ill. (City, town, or county) (State or foreign country)
14. Maiden name Elsie Martin
15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. William McMillian
(b) Address Cabool Mo.
17. (a) Burial (b) Date thereof Aug 1 1946 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Home Cemetery
18. (a) Signature of funeral director Gaylord V. Elliott
(b) Address Cabool Mo.

19. (a) Aug 3 (Date received local registrar) H. D. Brack (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 5,
District File Number 846951
Date Filed 8-7-46

AUG 21 1946

SEP 13 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 Gaylord V. Elliott

Licensed Embalmer No. 2252

P. O. Address Cabool 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.