

S. No. 2  
 DM-2-43  
 v. 5-17-39  
 P-1 X35697

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
**FILED OCT 17 1946** STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

**34459**

State File No. \_\_\_\_\_

Registration District No. 291

Primary Registration District No. 5989

Registrar's No. 68

**1. PLACE OF DEATH:**  
 (a) County Putnam  
 (b) City or town Grant Tmp. rural  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Coatsville, Mo.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 in this community 29 yrs.  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Putnam  
 (c) City or town Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Coatsville, Mo.  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Thomas Albert Brown  
 (b) If veteran, name war no  
 (c) Social Security No. 486-12-6482

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Sept. day 22  
 year 1946 hour 3 P. minute P. M.  
 21. I hereby certify that I attended the deceased from Sept 21  
 1946, to Sept 22 1946  
 that I last saw him alive on Sept 21 1946  
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W  
 6. (a) Single, widowed, married, divorced M  
 (b) Name of husband or wife Bertha E. Brown  
 (c) Age of husband or wife if alive 63 years  
 7. Birth date of deceased April 25 1875  
(Month) (Day) (Year)

Immediate cause of death Angina pectoris  
 Due to Coronary sclerosis  
 Due to \_\_\_\_\_

**8. AGE:** Years 71 Months 4 Days 17  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy 94A

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

**MOTHER FATHER**  
 11. Industry or business \_\_\_\_\_  
 12. Name William Brown  
 13. Birthplace Mo.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Veach  
 15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

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 \_\_\_\_\_

16. (a) Informant Olin Brown  
 (b) Address Unionville, Mo.  
 17. (a) **Burial** (b) Date thereof 9-24-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Chapel Cem  
 18. (a) Signature of funeral director [Signature]  
 (b) Address Unionville, Mo.  
 19. (a) 10-2-46 (b) Marvell Durbin  
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
 Address Coatsville, Mo. Date signed Sept 23

(Licensed Embalmer's Statement on Reverse Side)

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

6

00

33223

264

96

0

6

0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED  
Dist. Health Comm. No. 10  
District No. 10:46:1843  
Date Filed OCT 14 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.....

*Kenneth Slavens*....., Registered Apprentice No. *418*,  
working under my personal supervision.

Signed *Murl E. Austin*  
Licensed Embalmer No. *3307*  
P. O. Address *Ammon, 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.