

Registration District No. 341

Primary Registration District No. 6152a

State File No. _____

Registrar's No. 36

1. PLACE OF DEATH: Stoddard

(a) County Stoddard

(b) City or town Rural (Liberty)
(If outside city or town limits, write "RURAL" and name of township)

(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 _____ (Specify whether
In this community 35 yrs. years, months or days)

3. (a) PRINT FULL NAME Thomas Minor Brown

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

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

6. (b) Name of husband or wife Leona Brown 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Oct. 9, 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>0</u>	<u>13</u>	hr. min.

9. Birthplace Monroe County Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name James Brown

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

14. Maiden name Nancy Minor

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

16. (a) Informant E. L. Brown

(b) Address Dexter, Mo. R.F.D. # 3

17. (a) Burial (b) Date thereof 10-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caroline Dowdy

18. (a) Signature of funeral director Strickland-Rainey

(b) Address Dexter, Missouri

19. (a) 11/9-46 (Date received local registrar) Caroline Dowdy (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 103

(c) City or town Rural
(If outside city or town limits, write "RURAL") 0

(d) Street No. R.F.D. # 3, Dexter, Mo.
(If rural, give location) 0

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22
year 1946 hour 3 minute 05 P.M.

21. I hereby certify that I attended the deceased from March 1946, to Oct 22 1946
that I last saw him alive on Oct 20 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Edema of Lungs
Due to Acute Cholecystitis of Liver

Due to _____

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

Major findings: Of operations _____

Of autopsy Yes 124B

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 S. S. Davis (M. D. or other) _____
Address Dexter, Mo Date signed 10/22/46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Office No. 2

District File Number 1146-13213

Date Filed 11-12-46

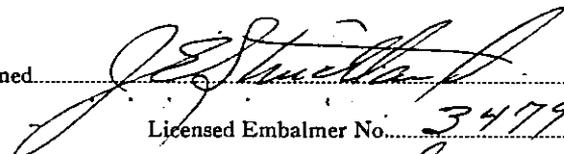
STATEMENT BY LICENSED EMBALMER

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



Licensed Embalmer No. 3479

P. O. Address Water, 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.