

FILED JAN 7 1947

Registration District No. 25-2

Primary Registration District No. 4677

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Faney  
(b) City or town Hallsville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
in this community several years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Faney <sup>106</sup>  
(c) City or town Hallsville (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? U.S.A. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Leonard Carnation Brown

3. (b) If veteran, name war no 3. (c) Social Security No. \_\_\_\_\_

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

(b) Name of husband or wife Joe Brown 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Jan 17 1898 (Month) (Day) (Year)

8. AGE: Years 48 Months 11 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Callie Man

11. Industry or business \_\_\_\_\_

12. Name Arch Brown

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

14. Maiden name Elizabeth Brown

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

16. (a) Informant Mrs. L.P. Brown

(b) Address Hallsville Mo

17. (a) Burial (b) Date thereof Dec 27-46 (Month) (Day) (Year)

(c) Place: burial or cremation Albany Ark

18. (a) Signature of funeral director P. O. Wheeler

(b) Address Brown Mo

19. (a) Dec. 26-46 (b) Sam Casswell (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24 year 46 hour 3:50 minute A.M.

21. I hereby certify that I attended the deceased from Dec. 24 1946 to Dec. 24 1946 that I last saw him alive on Dec. 24 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Indigestion Duration 1 day  
Due to Don't know.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 118 Of 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 H. T. Brown (M. D. or other) MD  
Address Brown, Mo Date signed 12/28/46

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 12467267

Date Filed DEC 30 1946

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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 Minnie L. Welchel  
Licensed Embalmer No. 2277  
P. O. Address Braunton 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.