

Registration District No. **192**

Primary Registration District No. **4305**

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

1. PLACE OF DEATH:

(a) County **Mc Donald**

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

(c) Name of hospital or institution: **None**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Jimmie Charles Brown**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **491-12-2835**

4. Sex **MO** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M. I**

6. (b) Name of husband or wife **Edna Maye Brown** 6. (c) Age of husband or wife if alive **35** years

7. Birth date of deceased **Nov 25 1908**  
(Month) (Day) (Year)

8. AGE: Years **43** Months **26** Days **26** hr. min.

9. Birthplace **Pineville Mo. C**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

11. Industry or business **Same**

12. Name **J. M. Brown**

13. Birthplace **Pineville Mo. C**  
(City, town, or county) (State or foreign country)

14. Maiden name **Ever Weathered**

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

16. (a) Informant **Edna Maye Brown**

(b) Address **Anderson Mo.**

17. (a) **Burial** (b) Date thereof **12-23-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pineville, Mo.**

18. (a) Signature of funeral director **T. M. Humphrey**

(b) Address **Pineville, Mo.**

19. (a) **1918 & 9** (b) **Virginia Buck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **McDonald**

(c) City or town **Independence**  
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **21<sup>st</sup>**  
year **1946** hour **9** minute **15<sup>0</sup>** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death **Head concussions & broken neck**

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

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

Other conditions (Include pregnancy within 3 months of death) **1700**

Major findings: Of operations \_\_\_\_\_

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) **Accident Co**

(b) Date of occurrence **12-21-1946**

(c) Where did injury occur **Independence, McDonald Mo.**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Public Highway**

While at work? **Yes** (e) Means of injury **Into a car**

23. Signature **T. M. Humphrey** (M. D. or other) **Baron**

Address **Pineville, Mo** Date signed **1-15-47**

RECEIVED

District Health Officer No. 6,

District File Number 347-326

Date Filed MAR 13 1947

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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 Wayne E. Humphrey

Licensed Embalmer No. 4262

P.O. Address Peruville, 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.