

FILED MAR 12 1947

Registration District No. 62

Primary Registration District No. 5238

Registrar's No. 8

1. PLACE OF DEATH:

- (a) County Cedar
(b) City or town Rural - Jefferson Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution (Specify whether
In this community 4 years years, months or days)

3. (a) PRINT FULL NAME WILBERN ELOY BROWN

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

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

6. (b) Name of husband or wife Estle Brown 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Oct. 14 - 1886
(Month) (Day) (Year)

8. AGE: Years 60 Months 4 Days 19 If less than one day hr. min.

9. Birthplace Cedar Co. Mo. A
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Charley Brown 9
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Estle Brown
(b) Address Dumreigan, Mo.
17. (c) Burial (b) Date thereof Mar. 7 - 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Alder Cemetery
18. (a) Signature of funeral director E. H. Himm
(b) Address Humansville, Mo.

19. (a) 3-6-47 (b) Geneva Garrison
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Cedar 20
(c) City or town Rural 3
(If outside city or town limits, write "RURAL")
(d) Street No. High Point School Dist. D
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1947 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from 3-4 1947, to 3-4 1947,
that I last saw him alive on 1947
and that death occurred on the date and hour stated above.

- Immediate cause of death CORONARY OCCLUSION Duration

- Due to

- Due to

- Other conditions (Include pregnancy within 3 months of death)

- Major findings: Of operations 14. A PHYSICIAN
Of autopsy 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 L.O.

23. Signature J. E. Welch (M.D. or other) D.O.
Address Humansville, Mo. Date signed 3-5-47

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

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 2-47-240
Date Filed 3-11-47

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.....
..... *W. J. Cresswell*, Registered Apprentice No. *472*,
working under my personal supervision.

Signed..... *E. H. Primm*

Licensed Embalmer No. *4282*

P. O. Address *Humansville, 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.