

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

1. PLACE OF DEATH:

(a) County Pulaski

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

(c) Name of hospital or institution:
Waynesville General
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 6 days
(Specify whether)

In this community Life
years, months or days

3. (a) PRINT FULL NAME John Brown

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 12 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73 10 24 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name D.K. 9

13. Birthplace D.K. 9
(City, town, or county) (State or foreign country)

14. Maiden name D.K.

15. Birthplace D.K. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Brown

(b) Address Crocker, Mo.

17. (a) Burial (b) Date thereof Feb 9 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethlehem Cem

18. (a) Signature of funeral director J. L. Hoops & Sons

(b) Address Crocker, Mo.

19. (a) 2/26/47 (b) Louis S. McClinton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pulaski **85**

(c) City or town Crocker **0**
(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 Feb day 6
year 1947 hour 7:30 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 1
1947 to Feb 6 1947
that I last saw him alive on Feb 6 1947
and that death occurred on the day and hour stated above.

Immediate cause of death _____
Coronary Thrombosis **few minutes**

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy 94A

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)

Means of injury 0

23. Signature [Signature] (M. D. or other) _____

Address [Signature] Date signed 7 Feb 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Paul B. Koop

Licensed Embalmer No. 3161

P. O. Address Waynesville 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.