S. No. 2
I—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1947

Registration District No. 334

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7602

Primary Registration District No. 6198

Registrar's No.

1. PLACE OF DEATH:

(a) County Texas

(b) City or town Rural — Cass 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 78 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas 107

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

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME James Francis Brown

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Mary Elizabeth Brown

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

7. Birth date of deceased Jan (Month) 10 (Day) 1860 (Year)

8. AGE: Years 87 | Months 0 | Days 7 | If less than one day hr. min.

9. Birthplace Dent County (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Henry Brown
(b) Address Tyrone, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan (Month) 18 (Day) 1947 (Year)
(c) Place: burial or cremation Tyrone

18. (a) Signature of funeral director G. V. Elliott
(b) Address Cabool Mo

19. (a) Feb 3 (Date received local registrar) (b) Gaynell Cunningham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17
year 1947 hour 8:15 minute P.M.

21. I hereby certify that I attended the deceased from April 19 47, to Jan 17, 1947
that I last saw him alive on Jan 17, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremic Poisoning	3 days
Due to: Interstitial Nephritis	
Due to: Arteriosclerosis	15 yrs.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

131A

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? 2
(Specify type of place)

While at work? (e) Means of injury

23. Signature H. L. Brassle (M. D. or other) DO.
Address Cabool, Mo Date signed 1/18/47

329 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 24787
Date Filed 2-28-47

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 No Embalming, Registered Apprentice No._____, working under my personal supervision.

Signed_____

Licensed Embalmer No._____

P. O. Address_____

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.