

1. PLACE OF DEATH:

(a) County Polk  
(b) City or town Bolivar  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1221 Cottage Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84  
(c) City or town Bolivar /  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1221 Cottage Ave. /  
(If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Wyatt Brown

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 5. Color or race white  
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 Dec. 31 1871  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 21  
year 1947 hour 5 minute 30 A.M.  
21. I hereby certify that I attended the deceased from June  
1946 to March 21, 1947;  
that I last saw him alive on March 20, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage  
Due to Carcinoma colon  
Due to \_\_\_\_\_  
Other conditions Hypertensive cardio-vascular disease  
(Include pregnancy within 3 months of death)

Duration 2 wks  
Unknown  
8 yrs.  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day  
75 2 20 hr. \_\_\_\_\_ min.

9. Birthplace Polk County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business

12. Name John Brown  
13. Birthplace \_\_\_\_\_ Ky.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Jane Griffith  
15. Birthplace \_\_\_\_\_ N. Carolina  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Susie Jenkins  
(b) Address 1221 Cottage, Bolivar, Mo.

17. (a) burial (b) Date thereof Mar. 23, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Reed Cemetery

18. (a) Signature of funeral director Turpin Funeral Home  
(b) Address Bolivar, Mo.

19. (a) March 23, 1947 (b) Ralph Gorden  
(Date received local registrar) (Registrar's signature)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy H&E

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 Wm J. Gillman Jr. (M. D. or other) MD  
Address Bolivar, Mo. Date signed 3-21-47

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

RECEIVED  
District Health Officer No. 71  
3-4-73 59  
District No. Number 4-4-72  
Date Filed

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 \_\_\_\_\_

Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.