

FILED MAY 7 1947

Registration District No. 337

Primary Registration District No. 4496

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Shelbyville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
County Farm 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Month's
(Specify whether
In this community Entire Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 102
(c) City or town Bethel, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. None
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Benjamin F. Brown

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb.
(Month)

6
(Day)

1861
(Year)

8. AGE:

Years 86 Months 1 Days 28

If less than one day
hr. _____ min. _____

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

Missouri
(State or foreign country)?

10. Usual occupation Retired

11. Industry or business Farming

12. Name Bedford Brown

13. Birthplace Virginia
(City, town, or county) (State or foreign country)?

14. Maiden name Elizabeth Todd
(City, town, or county) (State or foreign country)?

15. Birthplace Virginia
(City, town, or county) (State or foreign country)?

16. (a) Informant Harry Taylor

(b) Address Bethel, Missouri

17. (a) Burial (b) Date thereof 4-6-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shiloh

18. (a) Signature of funeral director Million & Barkelew

(b) Address Shelbyville, Missouri

19. (a) May 1-47 (b) Quint Jansen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 th
year 1947 hour 1: minute P. M.

21. I hereby certify that I attended the deceased from Feb-17 1947 to Apr-4- 1947
that I last saw him alive on Apr 3- 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis Duration ?

Due to _____

Due to _____

Other conditions Prostatic Hypertrophy 46 days
(Include pregnancy within 3 months of death)
with retention of urine

Major findings: Of operations _____

Of autopsy _____

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) (c) Means of injury _____

23. Signature P. G. Orcher (M. D. or other) _____

Address Shelbyville Mo Date signed 4-2-47

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

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RECEIVED
District Health Officer No. 10
District No. 5:47-293
MAY - 5 1947

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.....

James D. Davis....., Registered Apprentice No. 443
working under my personal supervision.

Signed..... W. Hawkins

Licensed Embalmer No. 3498

P. O. Address. Bellevue Md

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.