. No. 2
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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 JUN 11 1947

Registration District No. 236

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18205

Primary Registration District No. ~~4352~~ 5818

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Morgan Moreau Twsp

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

(c) Name of hospital or institution: 9 mi. No. Versailles 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 Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan 71

(c) City or town Fortuna, Missouri 0
(If outside city or town limits, write "RURAL")

(d) Street No. 9 mi. No. Versailles 6
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Thomas James Brown

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Katie Brown

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased March (Month) 12 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	2	22	hr. min.

9. Birthplace Lake Co. (City, town, or county) Ind. (State or foreign country) 1

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Wm D. Brown
13. Birthplace No Record (City, town, or county) Ohio (State or foreign country) 1

MOTHER
14. Maiden name Mary E. Yarnell
15. Birthplace No Record (City, town, or county) Ohio (State or foreign country) 1

16. (a) Informant Mrs Katie Brown

(b) Address Fortuna, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4-47 (Month) (Day) (Year)

(c) Place: burial or cremation Akinsville, Cemetery

18. (a) Signature of funeral director [signature]

(b) Address Versailles, Mo.

19. (a) 6/7/47 (Date received local registrar) (b) [signature] (Registrar's signature) 214

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd year 1947 hour 12 minute 45 a M.

21. I hereby certify that I attended the deceased from 1, 19, to, 19; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Birch L. Medicus (M. D. or other) Morgan County Coroner 3

Address Versailles Mo. Date signed June 5, 1947

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 5-47-212
Date Filed 6-10-42

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 [signature]

Licensed Embalmer No. 1546

P. O. Address Versailles 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.