

S. No. 2
M-12-45
v. 5-17-39
X47070

FILED SEP 16 1947

Registration District No. _____ Primary Registration District No. **3000**

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

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution:
Grim-Smith Hospital & Clinic
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community 78 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County KNOX **52**

(c) City or town Hurdland
(If outside city or town limits, write "RURAL") **0**

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

(e) Citizen of foreign country? No. (Yes or No) **1**

If yes, name country _____

3. (a) PRINT FULL NAME Burtram D. Brown

3. (b) If veteran, name war _____

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21st
year 1947 hour 7:46 A.M. minute _____ M. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Etta Hunsaker Brown

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

7. Birth date of deceased: August 8 1869
(Month) (Day) (Year)

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

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>0</u>	<u>13</u>	_____ hr. _____ min.

Immediate cause of death Dissection from Valvular Heart disease

Due to _____

Due to _____

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

10. Usual occupation Retired Farmer

Other conditions Dissection from Valvular Heart disease

(Include pregnancy within 3 months of death)

Due to _____

11. Industry or business

12. Name Samuel Brown

13. Birthplace see 1
(City, town, or county) (State or foreign country)

14. Maiden name Emily Long

15. Birthplace Mo. 17
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

16. (a) Informant Albert Brown

(b) Address Kansas City, Mo.

17. (a) buried (b) Date thereof Aug 26, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brashear Cemetery

18. (a) Signature of funeral director Geo B. Casper

(b) Address Hurdland, Mo.

19. (a) Sept 11-47 (b) Rate Lambert
(Date received local registrar) (Registrar's signature)

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 W. A. Campbell (M.D. or other) **5747**

Address Kirksville, Mo. Date signed _____

SEP 22 1947

omata [initials]

RECEIVED
District Health Officer No. 10
District File Number 9-47-1240
Date Filed SEP 15 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.....

Richard B. Kelly

Registered Apprentice No. 467

working under my personal supervision.

Signed *Geo B. Easley Jr.*
Licensed Embalmer No. 3755
P. O. Address *Hurdland 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.