S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 1 1947

Registration District No. 324

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33366

Primary Registration District No. 3072

Registrar's No. 186

1. PLACE OF DEATH:
(a) County: Saline
(b) City or town: Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Marshall Bldg. Dr. Haynes Office
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community: All His Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Saline 97
(c) City or town: Nelson 0
(If outside city or town limits, write "RURAL")
(d) Street No.: No Street Number 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Charles E. Brown
3. (b) If veteran, name war: #
3. (c) Social Security No.: 488-26-4157

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Nellie Vardeman
6. (c) Age of husband or wife if alive: 47 years
7. Birth date of deceased: October (Month) 13 (Day) 1892 (Year)

8. AGE: Years 54 | Months 10 | Days 29 | If less than one day ..... hr. ..... min.

9. Birthplace: Slater (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Insurance Salesman
11. Industry or business: Life & Accident

MOTHER FATHER
12. Name: Charles N. Brown
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name: Mary E. Gwinn
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: Mrs. Charles E. Brown
(b) Address: Nelson, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/14/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Nelson Mo. Cem
18. (a) Signature of funeral director: A. Leslie Fussner
(b) Address: Marshall Mo.
19. (a) 9-13-1947 (Date received by local registrar) (b) Sidney J. Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept day: 13 year: 1947 hour: 4:45 minute: P M.
21. I hereby certify that I attended the deceased from January 1, 1947, to Sept 9/13, 1947 that I last saw him alive on 9/13, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Coronary Thrombosis	Immediate
Due to: Hypertension + arteriosclerosis	
Due to: —	
Other conditions (Include pregnancy within 3 months of death): —	
Major findings: Of operations: —	
Of autopsy: —	

PHYSICIAN — Underline the cause of 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: C. A. Veatch (M. D. or other) MD
Address: Marshall, Mo Date signed: 9/13/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 3,
District File Number
Date Filed 9-29-47

OCT 2 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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed J. Leslie Surrney

Licensed Embalmer No. 3235

P. O. Address Marshall, 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.