

FILED NOV 10 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34010

State File No.

Registration District No. 75

Primary Registration District No. 3015

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town Cameron
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
113 1/2 E 3rd St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 70
(Specify whether
In this community Lepitine
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton 25
(c) City or town Cameron 1
(If outside city or town limits, write "RURAL")
(d) Street No. 113 1/2 E 3rd St 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 70 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29
year 1947 hour 7 minute 26 A.M.

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

Immediate cause of death suicide by
firearm

Duration

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) suicide
(b) Date of occurrence Oct 29 1947
(c) Where did injury occur? Cameron, Clinton, Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place)

While at work? no (e) Means of injury Shotgun

23. Signature Art Templeman (M.D. or other) 3
Address Cameron Mo Date signed 10-30-47

3. (a) PRINT FULL NAME Cyril Dykes Brown

3. (b) If veteran, name war World War #1 3. (c) Social Security No. 70

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Basia June Brown 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased: Dec (Month) 6 (Day) 1897 (Year)

8. AGE: Years 49 Months 10 Days 23 If less than one day hr. _____ min. _____

9. Birthplace Cameron (City, town, or county) Mo (State or foreign country)

10. Usual occupation Dentist

11. Industry or business _____

12. Name G. G. Brown

13. Birthplace Utica (City, town, or county) Mo (State or foreign country)

14. Maiden name Mattie Dykes

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

16. (a) Informant Mr. C. D. Brown

(b) Address Cameron

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-31-47 (Month) (Day) (Year)

(c) Place: burial or cremation Greenland Care

18. (a) Signature of funeral director Palmer Funeral Home

(b) Address Cameron

19. (a) Oct. 30, 1947 (Date received local registrar) (b) Winifred W. Moser (Registrar's signature) 290

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

DEC 22 1964

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 George P. Tennill

Licensed Embalmer No. 4425

P. O. Address 929 West 3rd

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, above space should be left blank.

Camden, Mo