S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35040

FILED NOV 4 1947

Registration District No. 209 — Primary Registration District No. 3043 — Registrar's No. 364

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

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Elizabeth Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion
(c) City or town Hannibal (If outside city or town limits, write "RURAL")
(d) Street No. 3920 Henderson (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Thomas Brown
3. (b) If veteran, name war
3. (c) Social Security No. 490-07-6912
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Viola Pierson Brown
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased November 26, 1874 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	10	28	hr. min.

9. Birthplace Lincoln County Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business Universial Atlas Company
FATHER
12. Name William Spencer Brown
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah A. Pearl
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Harry Gray
(b) Address Hannibal Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/24/47 (Month) (Day) (Year)
(c) Place: burial or cremation Grandview Burial Park
18. (a) Signature of funeral director H. Crawford Smith
(b) Address 902 Broadway Hannibal Missouri
19. (a) 10-25-47 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature) 189

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22 year 1947 hour 11 minute 45 A. M.
21. I hereby certify that I attended the deceased from Sept. 6 1947 to Oct. 22 1947 that I last saw him alive on Oct. 22 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia
Due to Cerebral Apoplexy with paralysis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

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 B. L. Murphy (M. D. or other) MD
Address Hannibal Mo. Date signed 10/23/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Lyman W. Steele, Registered Apprentice No. 460, working under my personal supervision.

Signed W. Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.