

FILED NOV 26 1947

State File No.

Registration District No. 30

Primary Registration District No. 5102

Registrar's No. 42

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

1. PLACE OF DEATH:

(a) County BENTON

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

(c) Name of hospital or institution:  
Cross Timbers Star Route 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 2 YEARS  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BENTON

(c) City or town "RURAL" Freston  
(If outside city or town limits, write "RURAL")

(d) Street No. Cross Timbers Star Route  
(If rural, give location)

(e) Citizen of foreign country? yes NO (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LAUREL LAUCHEN BROWN

3. (b) If veteran, name war NO

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 13  
year 1947 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct. 13th  
1947 to Nov 13 1947.

that I last saw him alive on about Oct 13 1947  
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive NONE years

7. Birth date of deceased: April 27 1929  
(Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

8. AGE: Years 18 Months 6 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Wheaton Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation None

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 \_\_\_\_\_

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name John A. Brown

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

14. Maiden name Anna B. Metzler

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

16. (a) Informant John A. Brown

(b) Address Wassaw, Mo

17. (a) Burial (b) Date thereof Nov. 16 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freston Cemetery

18. (a) Signature of funeral director John F. Keser

(b) Address Wassaw

19. (a) Nov 22 1947 (b) Geo. A. Logan  
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Underline the cause to which death should be charged statistically.

23. Signature W. H. Hunt (M. D. or other) \_\_\_\_\_

Address Wassaw, Missouri Date signed 11/14/47

FEB 17 1948

Date Filed ~~11-25-47~~  
District File Number ~~16-47-1357~~  
District Court No. 2

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.....

*Jack W. Reese*....., Registered Apprentice No. 12  
working under my personal supervision.

Signed..... *John F. Reese*.....

Licensed Embalmer No. 4098

P. O. Address..... Warsaw

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.