

FILED NOV 26 1947

Registration District No. 73

Primary Registration District No. 4124

Registrar's No. 44

1. PLACE OF DEATH: Clark Kahaka

(a) County Clark Kahaka

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution 1  
(Specify whether)

In this community 1  
years, months or days

3. (a) PRINT FULL NAME Pickney Edward Brown

3. (b) If veteran, name war \_\_\_\_\_

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

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Mar. 30 1853  
(Month) (Day) (Year)

8. AGE: Years 94 Months 7 Days 15

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Carpenter

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

MOTHER FATHER

12. Name Wm H. Brown

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

14. Maiden name Amanda Henson

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

16. (a) Informant Mrs. Emma Neumann

(b) Address Kahaka Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Nov. 20 1947  
(Month) (Day) (Year)

(c) Place: burial or cremation Beatsville Co.

18. (a) Signature of funeral director Gettys Inc

(b) Address Kahaka Mo.

19. (a) 11-22-47 (Date received local registrar)

(b) J. M. Pige (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clark 23

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18  
year 1947 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from Dec. 5 1946 to Nov. 18 1947  
that I last saw him alive on Nov 16 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial heart disease

Due to myocardial

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

Other conditions right side paralysis  
(Include pregnancy within 2 months of death) cerebrovascular

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

Of autopsy 938

Duration 12 yrs

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) \_\_\_\_\_

(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 J. M. Pige (M. D. or other)

Date signed Nov 21 1947

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

3-1-0

RECEIVED  
District Health Officer No. 18  
District File Number 11-47-160  
Date Filed NOV 24 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 *Otis L. Gutting*.....

Licensed Embalmer No. *2965*.....

P. O. Address *Lurray*.....

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.