FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 2 1947

Registration District No. 274

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39130

Primary Registration District No. 3052

Registrar's No. 387

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 days (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pettis
(c) City or town: Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No.: Route 4, 6 miles southwest of Sedalia
(If rural, give location)
(e) Citizen of foreign country? (Yes or No): No
If yes, name country:

3. (a) PRINT FULL NAME: ClaytonEugene Brown
3. (b) If veteran, name war: World War II
3. (c) Social Security No.: 487-20-0780
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: ********
6. (c) Age of husband or wife if alive: ****
7. Birth date of deceased: April 17, 1924 (Month) (Day) (Year)
8. AGE: Years 23 Months 6 Days 29 If less than one day hr. min.
9. Birthplace: Benton County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
MOTHER FATHER
12. Name: Sam Brown
13. Birthplace: Benton County, Mo. (City, town, or county) (State or foreign country)
14. Maiden name: Maggie Lindsey
15. Birthplace: Benton County, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: Sam Brown (father)
(b) Address: Route 4, Sedalia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/18/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Crown Hill Cemetery
18. (a) Signature of funeral director: Duane Eubank
(b) Address: Sedalia, Mo
19. (a) 11/17/47 (Date received local register) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16 year 1947 hour 8:00 minute A. M.
21. I hereby certify that I attended the deceased from 11 Nov. 1947 to 16 Nov 1947, that I last saw him alive on 16 Nov 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Intracranial hemorrhage	5 Days
Due to: Trauma	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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): No
(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: N. R. Edwards (M. D. or other) M. D.
Address: Sedalia, Mo. Date signed: 11/16/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Call. with fired object

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

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 12-1-47

DEC 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 Warren K Dietz, Registered Apprentice No. 70, working under my personal supervision.

Signed Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.

. 2B
3-45
X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Dec

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 387

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia
(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)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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

3. (a) PRINT FULL NAME Clayton E. Brown

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April 17 (Month) (Day) 1924 (Year)

8. AGE: Years 23 Months 6 Days 28 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month year 1947 hour minute M.

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

	Duration
Immediate cause of death	
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) accident

(b) Date of occurrence Nov. 11, 1947

(c) Where did injury occur? Sedalia (City or town) Pettis (County) Missouri (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Street (Specify type of place)

While at work? No (e) Means of injury Auto Accident

23. Signature D. H. Edwards (M. D. or other) MD

Address Sedalia Mo Date signed Dec 3/47

SUPPLEMENTARY 16

39130