

No. 2  
-1/47  
5-17-39

Registration District No. 136 Primary Registration District No. 2001

49  
2  
5

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

1. PLACE OF DEATH:  
(a) County Jasper  
(b) City or town Jasper  
(c) Name of hospital or institution: Crume Nursing Home  
(d) Length of stay: 3 mo

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jasper  
(c) City or town Jasper  
(d) Street No. 1809 Grand Ave  
(e) Citizen of foreign country? (Yes or No) 0

3. (a) PRINT FULL NAME Walter Manley Brown  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month December day 3  
year 1947 hour 7 minute 45 a.m.

4. Sex Male 5. Color or race white  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Sarah Elizabeth deceased  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Jan 4-1865

21. I hereby certify that I attended the deceased from 9-19-47 to 12-2-47  
that I last saw him alive on 12-2-47  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis  
Duration 9/19/47

8. AGE: Years 82 Months 11 Days 0  
If less than one day hr. min.

9. Birthplace Upperville Va

10. Usual occupation \_\_\_\_\_

11. Industry or business retired

MOTHER FATHER  
12. Name Maudley Brown  
13. Birthplace Upperville Va  
14. Maiden name no record  
15. Birthplace no record

16. (a) Informant S. B. Brown

(b) Address 3341 Jasper St

17. (a) removal (b) Date thereof Dec 3-47

(c) Place: burial or cremation Ottawa Kansas

18. (a) Signature of informant Walter Manley Brown  
(b) Address Jasper Missouri

19. (a) 12-3-47 (b) Salves Lampkins

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

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

Other conditions \_\_\_\_\_

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

Of autopsy 978

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? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

(M. D. of \_\_\_\_\_)

Date signed 12/3/47

PHYSICIAN  
Underline the cause of which death should be charged statistically.

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.....

*Erling M. Torgny*

Licensed Embalmer No. *3566*

P. O. Address *Oslo, 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.