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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8007

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 74

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Callaway Co Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 (Specify whether
In this community ——
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Montgomery 70
(c) City or town Rural Mineola 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELEGAT 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 W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 6 (Month) 1866 (Day) (Year)

8. AGE: Years 81 Months 9 Days 6 If less than one day hr. min.

9. Birthplace New Hartford MO (City, town or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business ——
FATHER
12. Name Thomas Brown
13. Birthplace New Hartford MO (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Moore
15. Birthplace New Hartford MO (City, town, or county) (State or foreign country)
16. (a) Informant Owen Brown
(b) Address Fulton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-48 (Month) (Day) (Year)
(c) Place: burial or cremation Williamsburg Cem
18. (a) Signature of funeral director [illegible]
(b) Address Montgomery Mo
19. (a) 3-9-1948 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
year 1948 hour 3 minute 40 A M.
21. I hereby certify that I attended the deceased from Feb. 23, 1948, to March 2, 1948
that I last saw him alive on March 1, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General Senility	3 yrs
Due to	
Due to	
Other conditions Chronic Myocarditis (Include pregnancy within 3 months of death)	2 yrs

Major findings:
Of operations
Of autopsy
93P

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? ---
(Specify type of place)
While at work? --- (e) Means of injury ---

23. Signature Lloyd E. Hutchins (M. D. or other) D.O.
Address Fulton, Missouri Date signed 3/2/1948

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAR 19 1948

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 on the 2nd day March 1948, Registered Apprentice No. ....., working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.