

FILED APR 23 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 113472

Registration District No. 245

Primary Registration District No. 3047

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Neosho
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3

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

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

In this community
years, months or days)3. (a) PRINT FULL NAME CLAUDE S. BROWN3. (b) If veteran, name war 3 3. (c) Social Security No. 34. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Esther Brown 6. (c) Age of husband or wife if alive 3 years7. Birth date of deceased: Sept. 3 1896
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
51 7 9 hr. min.9. Birthplace Walt County Mo
(City, town, or county) (State or foreign country)10. Usual occupation Machinist

11. Industry or business

12. Name Robert Brown13. Birthplace Maple Mo.
(City, town, or county) (State or foreign country)14. Maiden name Anna Wicker15. Birthplace Mo
(City, town, or county) (State or foreign country)16. (a) Informant Mrs Claude Brown(b) Address Fairfax Mo.17. (a) Burial (b) Date thereof Apr 14 1948
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mound City Mo.18. (a) Signature of funeral director W. H. Crawford(b) Address Mound City Mo.19. (a) April 17, 1948 (b) Melvin C. Borremann
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Atchison
(c) City or town Fairfax
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1948 hour 11:30 minute a. M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____.

that I last saw him in bed on 4-12, 1948
and that death occurred on the date and hour stated above.Immediate cause of death Cause of death unknown. DurationDue to Probable coronary occlusion.Due to Natural causes.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations MIOf autopsy MI

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 Barney Thompson (M.D. or other) 3Address Neosho Mo Date signed 4/2/48

MAY 4 1948

RECEIVED

District Health Officer No. Newton
District File Number 448-291
Date Filed 4-21-48

APR 30 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

H. G. White

Licensed Embalmer No.

4240

P. O. Address

Neosho, 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.