S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 10 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15813

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 69

27
1
2

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

1. PLACE OF DEATH:
(a) County COOPER
(b) City or town BOONVILLE (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution ST. JOSEPH'S HOSPITAL (If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 58 DAYS (Specify whether
In this community 58 DAYS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County MORGAN 71
(c) City or town VERSAILLES (If outside city or town limits, write "RURAL") 1
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME GEORGE ALLEN BROWN
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

4. Sex MALE 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED 1
6. (b) Name of husband or wife OLLIE BOAN BROWN
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased MAY 10 - 1868 (Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 17 If less than one day hr. min.

9. Birthplace MORGAN COUNTY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation RETIRED FARMER
11. Industry or business FARMING
FATHER
12. Name C.C. BROWN
13. Birthplace (City, town, or county) KENTUCKY (State or foreign country) 1
MOTHER
14. Maiden name SOPHIA WILSON
15. Birthplace (City, town, or county) VIRGINIA (State or foreign country) 1
16. (a) Informant OLLIE BROWN
(b) Address VERSAILLES - MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/30/48 (Month) (Day) (Year)
(c) Place: burial or cremation VERSAILLES - MO.
18. (a) Signature of funeral director STEGNER
(b) Address BOONVILLE - MO.
19. (a) 5-28-48 (Date received local registrar) (b) D.E. Hooper (Registrar's signature) 291

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 27 May 1948 day year hour 10:00 minute 0 A M.
21. I hereby certify that I attended the deceased from 1 April 48, 19, to 27 My 48, 19; that I last saw him alive on 27 May 48, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: eosophageal obstruction (cause undetermined)	6 mo.
Due to: cause undetermined- possibly a malignancy	
Due to	
Other conditions (Include pregnancy within 3 months of death): pneumonitis- aspiration	2 mo.

Major findings:
Of operations none done
Of autopsy none done

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)
(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 0

23. Signature Arie Cuvin Ravenswood (M. D. or other M. D.)
Address 329 Main St. Boonville Mo. Date signed 28 May 48

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-9-48

JAN 8 1953

JAN 22 1953

DEC 17 1953

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 James W. Stegner

Licensed Embalmer No. 3780

P. O. Address BOONVILLE - 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.