

FILED AUG 2 1948
Registration District No. 100

Primary Registration District No. 3018 Registrar's No. 47

1. PLACE OF DEATH:

(a) County Deer Co.
(b) City or town Salem, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Hart Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community all his life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford
(c) City or town Primal
(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 _____

3. (a) PRINT FULL NAME GEORGE 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 M

6. (b) Name of husband or wife Family 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 26 1872
(Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name David Brown

13. Birthplace Ark.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Freeman

15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fannie Brown

(b) Address Salem, Mo R.R. 5

17. (a) Burial (b) Date thereof July 18 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Steelville Cem

18. (a) Signature of funeral director J. Jones
(b) Address Steelville, Mo

19. (a) July 20 48 (b) M. M. Hart M.D.
(Date received local registrar) (Physician's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 1948 hour _____ minute _____ P. M.
21. I hereby certify that I attended the deceased from March 17 1945 to July 14 1948
that I last saw him alive on July 14 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Crown heart disease
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations AKW
Of autopsy _____

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 one of place) (Means of injury)
23. Signature M. M. Hart M.D. (M. D. or other) MD
Address Salem, Mo Date signed 7/20/48

MOTHER FATHER

Duration
Physician
Underline the cause to which death should be charged statistically.

~~Date Filed - 7-26-48~~
District File Number 248483
District Health Officer No. 5
RECEIVED 7-26-48

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 *R. J. Janas*

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

Signed *R. J. Janas*
Licensed Embalmer No. 2379
P. O. Address *Steelville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.