

FILED SEP 8 1948

Registration District No. **27**

Primary Registration District No. **5077**

Registrar's No. **80**

1. PLACE OF DEATH:

(a) County **Bates**  
(b) City or town **Rural - Charolette**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**R.F.D. Amoret I**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **35 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Bates**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **R.F.D. I Amoret**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Virgil R. Brown**

3. (b) If veteran, name war **---**  
3. (c) Social Security No. **490-09-2957**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Margaret Brown**  
6. (c) Age of husband or wife if alive **40** years  
7. Birth date of deceased **January 17 1905**  
(Month) (Day) (Year)

8. AGE: Years **43** Months **7** Days **12** If less than one day **---** hr. **---** min.

9. Birthplace **Bates Co. Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **---**

12. Name **Albert T. Brown**  
13. Birthplace **Bates Co. Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Clara Ames**  
15. Birthplace **Bates Co. Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Margaret Brown**  
(b) Address **R.F.D. Amoret, Mo.**

17. (a) **Burial** (b) Date thereof **9-1-1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Oakhill Cemetery**

18. (a) Signature of funeral director **Booth**  
(b) Address **Butler, Missouri**

19. (a) **9-1-1948** (b) **Frank Perry**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **29**  
year **1948** hour **7** minute **15** P.M.

21. I hereby certify that I attended the deceased from **Feb 1**, 19**48**, to **Aug 29**, 19**48**  
that I last saw him alive on **Aug 29**, 19**48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chester of lung**  
Due to **Infectious disease**  
Due to **Brain tumor malignant**  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations **5/6 P**  
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 type of place) (e) Means of injury \_\_\_\_\_

23. Signature **R. L. Hoover** (M.D. or other) **MD**  
Address **Appleton, Mo.** Date signed **8-30-48**

WRITE LEGIBLY - USE UNFADING INK - MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 7;

District File Number 8-48-1023

Date Filed 9-6-48

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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.....

*Robert G Steinbeck*

Registered Apprentice No. 200

working under my personal supervision.

Signed.....

*John G Underwood*

Licensed Embalmer No. 3585

P. O. Address... *Butler Ma*

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.