

FILED AUG 26 1948  
Registration District No. **239**

Primary Registration District No. **5825**

Registrar's No. **20**

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

1. PLACE OF DEATH:

(a) County **New Madrid**

(b) City or town **Rural Como**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**1/2 mile east of Baderville**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **New Madrid 72**

(c) City or town **Rural Como Twsp.**  
(If outside city or town limits, write "RURAL")

(d) Street No. **1/2 mile east of Baderville.**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Lilbern Eugene Brown**

MEDICAL CERTIFICATION

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. **No**

20. DATE OF DEATH: Month **August** day **10**  
year **1948** hour **7 P.M.** minute \_\_\_\_\_ M.

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

6. (b) Name of husband or wife **Martha Brown**

6. (c) Age of husband or wife if alive **36** years

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

7. Birth date of deceased **February 5 1911**  
(Month) (Day) (Year)

Immediate cause of death  
**Coronary Heart Disease**

8. AGE:	Years	Months	Days	If less than one day
	<b>37</b>	<b>6</b>	<b>5</b>	_____ hr. _____ min.

Due to **Dead on arrival**

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

Due to \_\_\_\_\_

10. Usual occupation **Farmer**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

12. Name **Francis Brown.**

Of autopsy \_\_\_\_\_

13. Birthplace **Whitewater, Missouri.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Emma Hilleman**

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

16. (a) Informant **Mrs. Martha Brown.**

(b) Address **Lilbourn, Missouri.**

17. (a) **Burial** (b) Date thereof **8-13-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Malden Cem.**

18. (a) Signature of funeral director **Ponder Funeral Home**

(b) Address **Lilbourn, Missouri.**

19. (a) **8-16-48** (b) **Dr. [Signature]**  
(Date received local registrar) (Registrar's signature)

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
**[Signature]**

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) (c) Means of injury

23. Signature **[Signature]** (M. D. or other) \_\_\_\_\_

Address **Malden Mo** Date signed \_\_\_\_\_

8/13/48

RECEIVED

District Health Office No. 2,

District File Number 848-1065

Date Filed 8-25-48

SEP 14 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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address Lilbourn, 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.