

No. 2
8-43
7-39
X37823

FILED SEP 3 1948
Registration District No. 222

Primary Registration District No. 4472

Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County SALINE
(b) City or town MIAMI
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Miami
(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 WILLIAM BROWN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race colored 6. (a) Single widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MAY 1 1896
(Month) (Day) (Year)

8. AGE: Years 92 Months 3 Days 15 If less than one day hr. _____ min. _____

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

10. Usual occupation farming

11. Industry or business _____

12. Name York Brown

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

14. Maiden name Eddie Walden

15. Birthplace vir. 1
(City, town, or county) (State or foreign country)

16. (a) Informant David L. Brown

(b) Address miami

17. (a) Burial (b) Date thereof Aug 18 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation miami

18. (a) Signature of funeral director Geo. J. Dixon

(b) Address miami

19. (a) Aug 13 '48 (b) Mrs. Earl C. Metz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15
year 1948 hour 11 minute _____ P.M.
21. I hereby certify that I attended the deceased from August
1944 to August 15, 1948
that I last saw him alive on August 15, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure Duration 3 days
Due to Chronic nephritis 4 years

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: no operation
Of operations _____
Of autopsy no 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 0

23. Signature A. Sullivan (M. D. or other) _____
Address miami, mo. Date signed 8/17/48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 9-2-48

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~~ _____

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

Signed

James H. Pennis

Licensed Embalmer No. 1171

P. O. Address. Marshall - 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.