

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. **61**

Primary Registration District No. **4107**

1. PLACE OF DEATH

(a) County **Cedar**  
(b) City or town **Eldorado Springs**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**City Park**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cedar**  
(c) City or town **Eldorado Springs**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **John William Brown**

3. (b) If veteran, name war **Spanish American** 3. (c) Social Security No. **702-14-9243**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **divorced**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **May 4 1880**  
(Month) (Day) (Year)

8. AGE: Years **68** Months **4** Days **14** If less than one day **hr. min.**

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

10. Usual occupation **Retired Railroads**

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

MOTHER FATHER  
12. Name **Unknown** **Unknown**  
13. Birthplace **Unknown** **Unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Etta Bell**  
15. Birthplace **Unknown Ky.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **John Moore**  
(b) Address **215 Eldorado Springs, Mo.**

17. (a) **Burial** (b) Date thereof **Sept 21, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Clintonville Exp. Burial**

18. (a) Signature of funeral director **Sturina Cramer**

(b) Address **Eldorado Springs, Mo.**

19. (a) **9-21-48** (b) **Sturina Cramer**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **18**  
year **1948** hour **8** minute **15** P.M.  
21. I hereby certify that I attended the deceased from **18** to **19**;  
that I last saw him alive on **18 Sept** 19**48**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: **JW**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury **(c)**

23. Signature **John J. Hill** (M. D. or other) **MD**  
Address **Eldorado Springs, Mo.** Date signed **21 Sept 48**

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

MAR 23 1948

RECEIVED

District Health Officer No. 7,

District File Number 9-48-1147

Date Filed 10-4-48

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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.....

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

Signed Floyd E. Corathus

Licensed Embalmer No. 4419

P. O. Address Doonards Springs

**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.**