S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 13 1948
Registration District No. 273

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5913

State File No. 30571
Registrar's No. 64

1. PLACE OF DEATH:
(a) County Perry
(b) City or town Rural Bouis Brul
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 23-3-24
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Perry 79
(c) City or town Perryville Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Clifford William Brown
3. (b) If veteran, name war World war II
3. (c) Social Security No. 499-30-7996

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 1 (Month) 1925 (Day) (Year)

8. AGE: Years 23 Months 3 Days 24 If less than one day hr. min.

9. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Laundry Worker
11. Industry or business
FATHER
12. Name Louis Brown
13. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country) 0
MOTHER
14. Maiden name Genevive Friedman
15. Birthplace St. Genevive Co. (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant Louis Brown
(b) Address Perryville Mo. RFD
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-28-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Perryville Mo.
18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo.
19. (a) 9-27-48 (Date received local registrar) (b) Jos. J. Zoellner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 25 year 1948 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from Coronar of Perry County, Mo. 19 to Coronar of Perry County, Mo. 19
that I last saw h alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death External Hemorrhage
Due to impact of overturning Automobile on Chest
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 79
(b) Date of occurrence 7/26/48
(c) Where did injury occur? Perryville (City or town) Perry (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 51 Highway (Specify type of place)
While at work? (e) Means of injury Automobile IMPACT
23. Signature [signature] (M. D. or other)
Address Perryville Mo. Date signed 7/26/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) Coronar of Perry County, Mo.

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RECEIVED

District Health Officer No. 4

District File Number 1048-12

Date Filed 10-12-48

OCT 13 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 Wallace Young

Licensed Embalmer No. 7027

P. O. Address Perryville 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.