No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 8 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33684

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 306

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Sedalia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1812 So. Lamine (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) In this community 43 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pettis
(c) City or town: Sedalia (If outside city or town limits, write "RURAL")
(d) Street No. 1812 So. Lamine (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: LANCEY CORNESS BROWN
3. (b) If veteran, name war: W. W. I
3. (c) Social Security No. 491-07-4513
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Mabel
6. (c) Age of husband or wife if alive: 47 years
7. Birth date of deceased: March (Month) 3 (Day) 1892 (Year)

8. AGE: Years 56 Months 7 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace: Kirksville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Carman
11. Industry or business: .....

FATHER
12. Name: Jos. F. Brown
13. Birthplace: Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Christina Walker
15. Birthplace: Adair Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs Mabel Brown
(b) Address: 1812 So. Lamine, Sedalia Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-25-48 (Month) (Day) (Year)
(c) Place: Burial or cremation: Crown Hill
18. (a) Signature of funeral director: McLaughlin Bros
(b) Address: Sedalia Mo.
19. (a) 10-25-48 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23rd year 1948 hour 12.30 P.M. minute ..... M.

21. I hereby certify that I attended the deceased from October 20th, 1948, 19..., to October 23rd, 1948, that I last saw him alive on October 22nd, 1948, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Embolism.	Few minutes.
Due to: Chronic Myocarditis.	?
Due to:	
Other conditions (Include pregnancy within 3 months of death): Influenza	3 days.
Major findings: Of operations: None.	
Of autopsy: None.	

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): None.
(b) Date of occurrence: None.
(c) Where did injury occur? None. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None. (Specify type of place)
While at work? ..... (e) Means of injury: .....

23. Signature: Jno. B. Gardisle (M. D. or other) MD
Address: Sedalia Mo. Date signed: 10-25-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-3-48

NOV 15 1948

DEC 7 1948

NOV 10 1948

NOV 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 K P McCrary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.