

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

37381

FILED DEC 7 1948

Registration District No. 210

Primary Registration District No. 5772

State File No. _____

Registrar's No. 168

1. PLACE OF DEATH:

(a) County Merger
(b) City or town Rural - Medicine Twp.
(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 1 Year
years, months or days

3. (a) PRINT FULL NAME Roy A. Brown

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Velma Brown 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Sent. 17 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 1 27 hr. min.

9. Birthplace Sullivan Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Brown

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

14. Maiden name Marriett Lewis

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

16. (a) Informant Mrs. Velma Brown

(b) Address Powersville, Mo.

17. (a) Burial (b) Date thereof 11-17-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Grove Ceme.

18. (a) Signature of funeral director Martin Funeral Home

(b) Address Princeton, Mo.

19. (a) 11-24-48 (b) M. J. Ritz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Putnam
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Powersville, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14
year 1948 hour 14 minute PM.

21. I hereby certify that I attended the deceased from on
Nov. 14, 1948, 19 ONLY, 19____;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured lung
(left) + ~~other~~
Shock

Due to Crushing injury to left
chest from being caught in
Due to power takeoff of tractor

Other conditions Compd Fracture of rt. lower
(Include pregnancy within 3 months of death)

Major findings: Leg. Amputation of left forearm
Of operations: Fracture of all of ribs left
chest Anteriorly
Of autopsy 76
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22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Nov. 14, 1948
(c) Where did injury occur? near Harris Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Farm

While at work? Yes (Specify type of place)
(e) Means of injury _____

23. Signature George B. Bustard M. D. or other M. D.
Address Princeton, Mo. Date signed 11-16-48

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Joan Martin

Licensed Embalmer No. *3760*

P. O. Address *Princeton, 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.