S. No. 2
1—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 30 1948

Registration District No. 7

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37626

Primary Registration District No. 4411

Registrar's No. 60

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

1. PLACE OF DEATH:
(a) County: Pike
(b) City or town: Bowling Green
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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 .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Pike 82
(c) City or town: Bowling Green 1
(If outside city or town limits, write "RURAL")
(d) Street No. 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Elmer Eugene Brown
3. (b) If veteran, name war: X
3. (c) Social Security No.: Yes
4. Sex: Male
5. Color or race: White
6. (a) ~~Single~~, widowed, married, divorced: /
6. (b) Name of husband or wife: Bess L Brown
6. (c) Age of husband or wife if alive: 59 years
7. Birth date of deceased: Sept. (Month) 27 (Day) 1890 (Year)
8. AGE: Years 58 Months 1 Days 24 If less than one day ..... hr. ..... min.
9. Birthplace: Pike Co (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation: Farm dealer
11. Industry or business: /
FATHER
12. Name: Hiram G Brown
13. Birthplace: Pike Co (City, town, or county) Mo. 0 (State or foreign country)
MOTHER
14. Maiden name: Martha Brown
15. Birthplace: Pike Co (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant: Coburn Brown
(b) Address: Bowling Green Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-24-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Bowling Green Mo.
18. (a) Signature of funeral director: Isaac Benthal
(b) Address: Bowling Green Mo
19. (a) 11-26-48 (Date received local registrar) (b) Bill Robinson (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 23rd year 1948 hour 4 p minute ..... M.
21. I hereby certify that I attended the deceased from June 1, 1946 to Nov. 23, 1948 that I last saw him alive on Nov. 23, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary tuberculosis	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: B	
Of autopsy: B	

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) .....
(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? ..... (Specify type of place)
While at work? ..... (e) Means of injury: 0
23. Signature: J B Bryan M D (M. D. or other)
Address: Bowling Green Mo. Date signed 11-26-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)
0

RECEIVED
District Health Officer No. 10
District File Number 11-46-2038
Date Filed NOV 29 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 Harold C. Kirk

Licensed Embalmer No. 4597

P. O. Address Bowling Green, 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.