

S. No. 30
OM - 10-47
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39452

FILED JAN 3 1949
Registration District No. _____

Primary Registration District No. 5134

Registrar's No. 1402

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Rural-Washington Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.#3.
Rural-Karnes Road, St. Joseph, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution not
(Specify whether years, months or days)

In this community 30 years.

3. (a) PRINT FULL NAME Edward L. Brown

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nell Brown

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased January 29 1865
(Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 28
If less than one day hr. _____ min. _____

9. Birthplace Highland County Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation At Home Retired Druggist

11. Industry or business Own Business

12. Name Benjamin Brown

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

14. Maiden name Unknown

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

16. (a) Informant Nell Brown

(b) Address Karnes Rd. R.#3 St. Joseph, Mo.

17. (a) Burial (b) Date thereof Dec. 29, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 12-30-48 (b) E. L. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town Rural St. Joseph, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. Karnes Road R.#3.
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27th
year 1948 hour 11 minute 27 P. M.

21. I hereby certify that I attended the deceased from 26 Nov 1948
to 27 Dec 1948
that I last saw him alive on 27 Dec 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach Duration 9 Mo

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy no

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) no

(b) Date of occurrence no

(c) Where did injury occur? noted
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? noted

While at work? no (Specify type of place) (c) Means of injury noted

23. Signature Oliver W. O'Connell (M. D.)

Address 405 Tootle Bldg. Date signed 28 Dec.

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

MOTHER FATHER

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, ~~and~~.....

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

Signed.....

Raymond H. Morehead

Licensed Embalmer No. 4413 Missouri.....

P. O. Address..... St. Joseph, 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.