

FILED JUL 12 1949

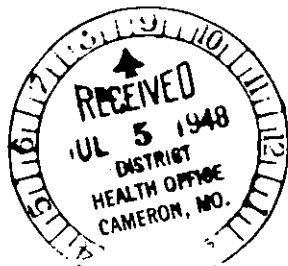
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20279

BIRTH NO. _____		REG. DIST. NO. 210		PRIMARY REG. DIST. NO. 4323		Registrar's No. 44	
1. PLACE OF DEATH a. COUNTY Mercer				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Mercer			
b. CITY OR TOWN Ravanna		c. LENGTH OF STAY (In this place) 5 Yrs.		c. CITY OR TOWN Ravanna, Missouri		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) Nevil		a. (First) _____		c. (Last) Brown		4. DATE OF DEATH (Month) (Day) (Year) June 24, 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 18, 1876	
9. AGE (In years last birthday) 73		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Farmer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Mercer Co. Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Nevil Brown		13b. MOTHER'S MAIDEN NAME Nancy Reeves		14. NAME OF HUSBAND OR WIFE Maggie Brown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Maggie Brown, Ravanna, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer Rectum + Liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 154X				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) P			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from June 1, 1949 , to June 24, 1949 , that I last saw the deceased alive on June 20, 1949 , and that death occurred at 3:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE J. M. Perry M.D.				23b. ADDRESS Princeton, Mo.		23c. DATE SIGNED June 25	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 28-49		24c. NAME OF CEMETERY OR CREMATORY Ravanna Ceme.		24d. LOCATION (City, town, or county) (State) Ravanna, Mo.	
DATE REC'D BY LOCAL REG. 6-27-49		REGISTRAR'S SIGNATURE M. J. Ruck		393		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Martin Funeral Home Princeton, Mo.	

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

JUL 12 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 _____

Vern Y. Miller

Student Embalmer No. *304*

working under my personal supervision.

Signed *Vern Y. Miller*
Student Embalmer

Signed *Ervin Martin*

Licensed Embalmer No. *3760*

P. O. Address *Purcotton, 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.