

FILED JUN 22 1948  
Registration District No. **137**

Primary Registration District No. **4218**

Registrar's No. **130**

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Wilder  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Drugs Nursing Home 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days  
(Specify whether years, months or days)

In this community 5 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry **42**

(c) City or town Brent Ridge (Rural) **000**  
(If outside city or town limits, write "RURAL")

(d) Street No. Rt. 1  
(If rural, give location)

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

3. (a) PRINT FULL NAME TOM J. BROWN

3. (b) If veteran, name war L

3. (c) Social Security No. L

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 17  
year 1948 hour 10 minute 40 A.M.

21. I hereby certify that I attended the deceased from May 2  
1948 to June 10 1948  
that I last saw him alive on June 17  
and that death occurred on the date and hour stated above. **Duration**

Immediate cause of death myocardial infarct

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife Dora Lee Brown

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased June 24 1866  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>11</u>	<u>23</u>	hr. min.

Due to Myocardial stenoses **15 yrs.**

Due to.....

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace (Kentucky) Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

PHYSICIAN

Major findings:  
Of operations.....

Of autopsy..... **42**

Underline the cause of which death should be charged statistically.

11. Industry or business.....

12. Name John W. Brown

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

14. Maiden name Mary Frances Jount

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

16. (a) Informant Steve Brown

(b) Address Calhoun Rt. 1 Mo.

17. (a) Burial (b) Date thereof 6-18-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun

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 200

23. Signature James R. Remy (M. D. or other)  
Address Windsor Mo Date signed June 17 1948

18. (a) Signature of funeral director James R. Remy

(b) Address Windsor Mo

19. (a) 6-18-48 (b) R. R. Remy  
(Date received local registrar) (Registrar's signature)

RECEIVED  
District Health Officer No. 7,  
District File Number 5-48-675  
Date Filed 6-21-48

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 W. R. Reavis Jr., Registered Apprentice No. 517 working under my personal supervision.

Signed J. M. [Signature]  
Licensed Embalmer No. 4510  
P. O. Address Clinton, 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.