

Registration District No. **654**

Primary Registration District No. **5873**

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Sevier
(b) City or town State Rural Center
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days
3. (a) PRINT FULL NAME Jessie Brown
654
(b) If veteran, name war No (c) Social Security No. 490-143-831

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elmer Brown 6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased March 16, 1899
(Month) (Day) (Year)

8. AGE: Years 40 Months 8 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____
MOTHER FATHER
12. Name George Brown
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Minnie Smith
15. Birthplace West Frankton, Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Elmer Brown
(b) Address Steele, Mo.
17. (a) Center, Mo. (b) Date thereof Nov. 18, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Burial
18. (a) Signature of funeral director George W. Co.
(b) Address Cassidy, Mo.
19. (a) 12-1-1939 (b) Tombragan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Missouri (b) County Sevier
(c) City or town Steele
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 18
year 1939 hour 5 minute 30 A M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw him alive on Nov 15, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death General Anasarca Duration 1 mo.
Due to _____
Due to _____
Other conditions Valvular Heart Lesion
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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) _____
(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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Chas. J. Steer (M. D. or other) _____
Address Steele, Mo. Date signed 11/21

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Not Embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.