

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Gardner
44289
Do not use this space.

JAN 15 1940
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1. PLACE OF DEATH

(a) County Pettis Registration District No. 668
(b) Township Sedalia Primary Registration District No. 3032
(c) City Sedalia (d) Street No. 520 So. Summitt St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 348

2. PRINT FULL NAME George Brown

(a) Residence, No. 520 So. Summitt St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Elizabeth Brown
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 3, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 0 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Meat Cutter
9. Industry or business in which work was done, as saw mill, bank, etc. Milton Gro. Co.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Lincoln
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Henry Brown

14. BIRTHPLACE (CITY OR TOWN) Lincoln
(STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Lucy Crump

16. BIRTHPLACE (CITY OR TOWN) Lincoln
(STATE OR COUNTRY) Missouri

17. INFORMANT B.H. Brown
(ADDRESS) Kan. City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mem. Park DATE Dec. 22, 1939

19. FUNERAL DIRECTOR (NAME) Gillespie Funeral Home
(ADDRESS) Sedalia, Mo.

20. FILED Dec. 22 1939 Mrs. Harry Sued
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 13 1939, to Dec 20 1939

I last saw him alive on Dec 20 1939. Death is said to have occurred on the date stated above, at 1.20 A.M.

The principal cause of death and related causes of importance were as follows:

Left Lobe Pneumonia
Date of onset Dec 15th

Other contributory causes of importance: Influenza
Rt Lobe Pneumonia
Date Dec 13th

Name of operation no Date of

What test confirmed diagnosis? Tuberculin Where an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no

(Signed) J. B. Gardner M.D. M. D.
Sedalia Mo.

RECEIVED
District Health Officer No. 8,
District File Number 112/70
Date Filed

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 L. E. Borelkin
Licensed Embalmer No. 3867
P. O. Address Sealulia 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, above space should be left blank.