

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

8489
Do not use this space.

1. PLACE OF DEATH
 (a) County Vernon Registration District No. F 25
 (b) Township Washington Primary Registration District No. 162 Registered No. 51
 (c) City or Nevada (d) Street No. State St # 3 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 3 yrs 1 mos 14 da (f) How long in U. S., if of foreign birth? yrs. mos. da.
 2. PRINT FULL NAME William J. Brown
 (a) Residence, No. Carthage, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Wid</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>DK</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 12 '78</u>				
7. AGE	YEARS <u>62</u>	MONTHS <u>0</u>	DAYS <u>7</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year) <u>DK</u>			
11. Total time (years) spent in this occupation				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u>				
FATHER	13. NAME <u>W. A. Brown</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>DK</u>			
MOTHER	15. MAIDEN NAME <u>DK</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>DK</u>			
17. INFORMANT (ADDRESS) <u>Hosp. Records</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Carthage, Mo.</u> DATE <u>Feb 19, 1948</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Kneel Mortuary Carthage, Mo.</u>				
20. FILED <u>2-21, 1948</u> <u>Allen V. Boye</u> Local Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>2-19-48</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>6:00</u> , 19 <u>48</u> , to <u>19-2-1948</u> , 19 <u>48</u> I last saw him alive on <u>2-18-48</u> , 19 <u>48</u> . Death is said to have occurred on the date stated above, at <u>12:45 PM</u> . The principal cause of death and related causes of importance were as follows: <u>Ch. Myocarditis & m. degeneration</u> Other contributory causes of importance: <u>DK</u> Name of operation Date of What test confirmed diagnosis? Was there an autopsy? <u>NO</u> 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19..... Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? <u>NO</u> If so, specify (Signed) <u>W. A. Brown</u> M. D. (Address) <u>Carthage, Mo.</u>	
Date of onset	<u>DK</u>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. NO. 2
20M-9-19-35
I X1663

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.

1851

1948 16 130

RECEIVED
District Health Officer No. 7,
District File Number 3-40-361
Date Filed 3-4-40

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 J. W. Knell

Licensed Embalmer No. 814

P. O. Address Carthage, 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.