

FILED JUN 20 1940

State File No. _____

Registration District No. 83

Primary Registration District No. 5124

Registrar's No. _____

1. PLACE OF DEATH:

(a) County BUCHANAN
(b) City or town RURAL - outside limits
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
UNION ROAD
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2-0
(Specify whether
In this community 85 YEARS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County BUCHANAN
(c) City or town RURAL
(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.

8. (a) PRINT FULL NAME JAMES FRANCIS BROWN

MEDICAL CERTIFICATION

8. (b) If veteran, name war NONE 8. (c) Social Security No. NONE

20. DATE OF DEATH: Month MAY day 20th
year 1940 hour 8 minute 35 P.M.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

21. I hereby certify that I attended the deceased from 1/26/40
1940 to 5/8/40 1940
that I last saw him alive on 5/8/40 1940
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife ROSENA BROWN 6. (c) Age of husband or wife if alive 18 years

Immediate cause of death Endocarditis

7. Birth date of deceased DEC. 4 1852
(Month) (Day) (Year)

Due to Gangrene of foot

8. AGE: Years 87 Months 5 Days 16 If less than one day
hr. _____ min. _____

Due to Arteriosclerosis

9. Birthplace PLATE COUNTY Mo. 0
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 92 13

MOTHER FATHER

12. Name JAMES BROWN
13. Birthplace UNKNOWN TENN.
(City, town, or county) (State or foreign country)
14. Maiden name REBEKA WEAVER
15. Birthplace UNKNOWN TENN
(City, town, or county) (State or foreign country)

Major findings: Of operations none

Of autopsy none

16. (a) Informant JAMES L. BROWN
(b) Address DEARBORN, MO

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) NO

17. (a) BURIAL (b) Date thereof MAY 22 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence NO

(c) Place: burial or cremation JUDA CEMETERY

(c) Where did injury occur? none
(City or town) (County) (State)

18. (a) Signature of funeral director FREEMAN & SONS
(b) Address 1946 CALHOUN ST. JOSEPH.

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
83

19. (a) 5-22-1940 W. J. PAUL
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury

23. Signature W. J. Paul Date signed 5.20.40
Address _____

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

RECEIVED

District Health Officer No. 11,

District File Number 640-865

Date Filed JUN 11 1940

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

C. G. Swan

Licensed Embalmer No. 4082

P. O. Address St. Joseph

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.