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

21220
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan 3 Registration District No. 85
(b) Township or City St Joseph 0 Primary Registration District No. 1001 Registered No. 622
(c) Street No. State Hospital # 2 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. 20 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME (650) Wm. L. Brown
(a) Residence, No. State Hospital # 2 St. Independence Mo
(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) wid.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 9, 1860
7. AGE YEARS 80 MONTHS 1 DAYS 25 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. laborer
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Ind. 1

FATHER
13. NAME Lem. L. Brown 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Ind. 1

MOTHER
15. MAIDEN NAME Margaret Duncan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Ind.

17. INFORMANT (ADDRESS) Ernest Brown, 128 E. Spide Blvd. Independence
18. BURIAL, CREMATION, OR REMOVAL
PLACE Independence 6/6/40
19. FUNERAL DIRECTOR (NAME) (ADDRESS) George C. Carson Independence, Mo
20. FILED June 4, 1940 [illegible] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1940
22. I HEREBY CERTIFY, That I attended deceased from May 15, 1940, to June 4, 1940
I last saw him alive on June 4, 1940. 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:

	Date of onset
Arteriosclerosis	?
93 A 2	
Other contributory causes of importance: chronic myocardosis	?

Name of operation none Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? no

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? no
If so, specify
(Signed) J. J. O'Dell, M. D.
85 (Address) St. Joseph

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed George C. Carson

Licensed Embalmer No. 2249

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.