

Registration District No. \_\_\_\_\_

Primary Registration District No. 5153

Registrar's No. 291

DEC 11 1940

1. PLACE OF DEATH:

(a) County Callaway  
(b) City or town "Rural" Fulton Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway  
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9  
year 1940 hour 4 minute A M.  
21. I hereby certify that I attended the deceased from Aug-21  
1940 to Nov-6, 1940  
that I last saw him alive on Nov-6, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic Myocarditis; Pulmonary T. B.

Duration

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 17

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? \_\_\_\_\_

23. Signature W. A. Richardson (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
Address Fulton Mo Date signed \_\_\_\_\_

3. (a) PRINT FULL NAME Abraham Brown

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife Minnie 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) 1861 (Year)

8. AGE: Years 79 Months - Days - If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Yard Man

11. Industry or business \_\_\_\_\_

12. Name Jacob Brown

13. Birthplace Missouri (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name D.K.

15. Birthplace Dr. (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant Dennise Brown

(b) Address Fulton, Mo

17. (a) Rural (b) Date there Nov 11-40 (Burial, cremation, or removal) \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
(c) Place: burial or cremation Rural Fulton

18. (a) Signature of funeral director Eli Sell

(b) Address 111 Fulton, Mo

19. (a) Nov. 11, 1940 (b) W. A. Richardson (Date received local registrar) \_\_\_\_\_ (Registrar's signature)

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

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

working under my personal supervision.

Registered Apprentice No.

Signed

*Eli Bell*

Licensed Embalmer No.

*2130*

P. O. Address

*Fulton, 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, fact should be so stated above.