

Registration District No. 851

Primary Registration District No. 868

Registrar's No. 80

1. PLACE OF DEATH:

(a) County Pemiscot  
(b) City or town Cassville Mo. - R.F.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Rural Little Prairie  
(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)

3. (a) PRINT FULL NAME Eph. Brown.

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race white  
6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife Pearl Brown. 6. (c) Age of husband or wife if alive 45 years  
7. Birth date of deceased 12 23 1891  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
49 1 10 hr. \_\_\_\_\_ min.

9. Birthplace Pemiscot Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Labour

11. Industry or business Farm

MOTHER FATHER  
12. Name Clark Brown.  
13. Birthplace 1 June (City, town, or county) (State or foreign country)  
14. Maiden name Minnie Colaway  
15. Birthplace unknown - ? (City, town, or county) (State or foreign country)

16. (a) Informant Pearl Brown.  
(b) Address Cassville Mo.

17. (a) Burial (b) Date thereof 2-4-1941  
(Burial, cremation, or other) (Month) (Day) (Year)  
(c) Place: burial or cremation Maple Cemetery

18. (a) Signature of funeral director H. S. Smith  
(b) Address Cassville Mo.

19. (a) Feb. 8, 1941 (b) Oda Martin  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot Mo.  
(c) City or town Cassville - Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D. 0 (If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 3  
year 1941 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from Dec 1  
\_\_\_\_\_, 1940, to Feb 3, 1941;  
that I last saw her alive on Jan 28, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration Duration 2 yrs

Due to Chronic Myocarditis 2 yrs

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) A2

Major findings: Of operations none Of autopsy none  
PHYSICIAN \_\_\_\_\_ 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? 585

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

23. Signature Clayton (M. D. or other) Clayton  
Address Cassville Mo Date signed 2/4/41

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

3-41-5

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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 Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Carruthersville

**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.**