

FILED OCT 14 1942

Registration District No. 374

Primary Registration District No. 6064

Registrar's No. 23

93
0
6

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

1. PLACE OF DEATH:

(a) County St Clair
(b) City or town Osceola, (Rural) Osceola, Mo.
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution All of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Clair
(c) City or town Osceola, (Rural)
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT

FULL NAME William Chalmer Brown

3. (b) If veteran,

name war No

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 Bertha Brown

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Feb. (Month)

1 (Day) 1881 (Year)

8. AGE: Years 61 1/2

Months 7

Days 25

If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Farris Brown

13. Birthplace Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Lavinda Cowan

15. Birthplace Ark. (City, town, or county) (State or foreign country)

16. (a) Informant Bertha Brown

(b) Address Osceola, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 27-42 (Month) (Day) (Year)

(c) Place: burial or cremation Osceola, Mo.

18. (a) Signature of funeral director Osceola Funeral Home

(b) Address Osceola, Mo.

19. (a) 10-8-42 (Date received local registrar) (b) Wootley Georgia (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26 year 1942 hour 3 minute 40 P.M.

21. I hereby certify that I attended the deceased from 10-25 1940 to 9-25 1942

that I last saw him alive on 9-25 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis Duration 2 yrs.

Due to

Due to

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

Major findings: Of operations

Of autopsy

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?

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

23. Signature T.H. Taylor, Jr. M.D. (M.D. or other) M.D.

Address Osceola, Mo. Date signed 9-30-42

RECEIVED

District Health Officer No. 7;

District File Number 10-42-1127

Date Filed 10-12-42

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 Chas. Gilbert Kathaway
Licensed Embalmer No. 4267
P. O. Address Osceola, 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.