

FILED NOV 4 1942

Registration District No. 208

Primary Registration District No. 43205761

Registrar's No. 66

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

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Rural L. W. T. JWP  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Marion County Infirmary 5  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community Several Years..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town Palmyra  
(If outside city or town limits, write "RURAL")

(d) Street No..... (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Joseph Thomas Brown

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 24  
year 1942 hour 4 minutes 30 A.M.M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Nellie Hummel Brown 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased 4-25-1864  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-10-42  
10-24, 1942 mo. 10-24 1942  
that I last saw him alive on 10-10-42, 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

78 5 29 ..... hr. .... min.

Immediate cause of death.....  
Chronic Myocarditis.

Due to.....

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

10. Usual occupation Retired-Farmer

Other conditions..... (Include pregnancy within 3 months of death)

Due to.....

11. Industry or business.....

MOTHER FATHER { 12. Name Jas. W. Brown

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

{ 14. Maiden name Elizabeth Brisco

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

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Lee Brown

(b) Address 5905-E. 37th. St. K.C. Mo.

17. (a) Palmyra Mo. (Burial, cremation, or removal) (b) Date thereof 10-27-1942  
(Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetary

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?

18. (a) Signature of funeral director R. M. Sprague

(b) Address Palmyra Mo.

19. (a) 10-28-42 (Date received by registrar) (b) Mrs. Margaret Madley (Registrar's signature)  
Deputy (Licensed Embalmer's Statement on Reverse Side)

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

23. Signature Wm. Lude (M. D. or other) M.D.

Address Palmyra Date signed 10-30-42

**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.....

*A. P. Sprague*

Licensed Embalmer No.....

999

P. O. Address.....

**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.**