

FILED JAN 21 1943

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 133

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

1. PLACE OF DEATH:  
 (a) County DeWitt  
 (b) City or town Grand Washington  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
State Hosp # 32  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 6 months 26 days  
 (Specify whether years, months or days)  
 In this community Same

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County Jackson  
 (c) City or town Marion City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 110 W. 34th St.  
 (If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Melora Brown

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Sylvester Brown 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased Dec. 15 1857  
 (Month) (Day) (Year)

8. AGE: Years 85 Months 0 Days 1  
 If less than one day hr. min.

9. Birthplace Shaverly Illinois  
 (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business.....

MOTHER FATHER

12. Name David Boynton

13. Birthplace Illinois

14. Maiden name Martha Smith

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

16. (a) Informant Gray Reed

(b) Address.....

17. (a) Removal (b) Date thereof 12-17-42  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director Hayes Funeral Service

(b) Address Nevada, Mo.

19. (a) Dec. 17, 1942 (b) Elizabeth Breckenridge  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16  
 year 1942 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 21  
1942, to Dec 16, 1942  
 that I last saw h. 20 alive on Dec 16, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Ch. myocarditis  
 Due to.....  
Gr. arteriosclerosis

Due to.....  
 Other conditions (include pregnancy within 3 months of death).....  
930

Major findings:  
 Of operations.....  
 Of autopsy.....

Duration.....  
 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?

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

23. Signature Thos. J. Cerna (M. D. or other)  
 Address Nevada Date signed 12/18/42

RECEIVED

District Health Officer No. 7,

District File Number 12-42-1502

Date Filed 1-15-43

**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 H. H. Marmaduke .....

Licensed Embalmer No. 2070 .....

P. O. Address Prwada, 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.**