

FILED MAR 5 1943

Registration District No. 42

Primary Registration District No. 5144

1. PLACE OF DEATH:

(a) County BUTLER
(b) City or town ROMBAUER
(If outside city or town limits, write "RURAL" and name of township)
(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. 42 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER
(c) City or town ROMBAUER (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 JOHN THOMAS BROWN

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, SINGLE
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive, 24 years
7. Birth date of deceased Dec 24 1860 (Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 25 If less than one day hr. min.

9. Birthplace GASCONADE CO (City, town, or county) OMO (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

MOTHER FATHER { 12. Name JOHN BROWN
13. Birthplace GASCONADE CO (City, town, or county) OMO (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace 9 (City, town, or county) (State or foreign country)

16. (a) Informant Dewey Brown

(b) Address Rombauer rd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 21 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem

18. (a) Signature of funeral director V. D. Phelps

(b) Address Paplar Bluff rd

19. (a) 2-22-43 (Date received local registrar) (b) Belle Tunnell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19 year 1943 hour 4 minute 16 A.M.

21. I hereby certify that I attended the deceased from Nov 12 1942 to Feb 19 1943
that I last saw him alive on Feb 17 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of liver Duration 6 mo.

Due to Probably metastasis from stomach
Due to irritability

Other conditions (Include pregnancy within 3 months of death) 468

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

23. Signature J. Fred Arwell (M. D. or other) D
Address Paplar Bluff Mo Date signed 2/24/43

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

RECEIVED

District Health Office No. 2,

District File Number 3-3-252

Date Filed 3-3-43

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.....

W. J. Phelps

Licensed Embalmer No. 3231

P. O. Address.....

Pepton Bluff

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.