

FILED MAY 3 1943

Registration District No. 285

Primary Registration District No. 285-5653

Registrar's No.

55
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Harrison

(c) Name of hospital or institution: No State San. O.
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 1 mo 3 days
(If not in hospital or institution, write street number or location)

In this community 1 mo 3 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME LEE AMOS BROWN

3. (b) If veteran, name war.

3. (c) Social Security No. 499-20-9510

4. Sex Male 2. Color or race Negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct 25 1925
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	17	5	23	hr. min.

9. Birthplace Turrell Ark 1
(City, town, or county) (State or foreign country)

10. Usual occupation farming

11. Industry or business farming

12. Name Mother 2 Brown

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

14. Maiden name Carla Mason

15. Birthplace Washington County Miss
(City, town, or county) (State or foreign country)

16. (a) Informant E Mc Michael Rural clerk

(b) Address No State San Harrison Miss

17. (a) Burial, cremation, or removal Removal (b) Date thereof Oct 20 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Bennett 720

18. (a) Signature of funeral director George B Orr

(b) Address 74 Harrison 720

19. (a) Apr 21 43 (b) Andy Crawford
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pemiscot 28

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

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

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

If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 17
year 43 hour 9 minute 20 P. M.

21. I hereby certify that I attended the deceased from 3-16 1943 to 4-17 1943
that I last saw him alive on 4-17 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis 8 mo

Due to 13 ft

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Pulmonary tuberculosis

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 [Signature] (M. D. or other)

Address Harrison Miss Date signed 4-18-43

RECEIVED

District Health Officer No. 6,

District File Number 443-532

Date Filed APR 30 1943

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.....

G. B. Orr

Licensed Embalmer No.....

946

P. O. Address.....

W. Vernon Mow

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.