

FILED JAN 10 1944

Registration District No. 104

Primary Registration District No. 9032

Registrar's No. 128

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Warrensburg,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
103 Broad St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 40 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

(c) City or town Warrensburg, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 103 Broad
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country. _____

3. (a) PRINT FULL NAME Rachel Davis Brown

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4
year 1943 hour 2 minute 30 A.M.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Robert H. Brown

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

7. Birth date of deceased: April 15 1858
(Month) (Day) (Year)

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

8. AGE: Years Months Days If less than one day
85 7 9 hr. _____ min.

Immediate cause of death Cerebral hemorrhage
Duration _____

9. Birthplace Lewis Co. Ky.
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

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

10. Usual occupation House keeper

Major findings: Of operations _____

Of autopsy _____

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

MOTHER FATHER

11. Industry or business _____

12. Name Crawford Fitch

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

14. Maiden name Gavy Boyd Cordingley

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

16. (a) Informant Miss Laura Mitchel

(b) Address 209 So. Holden, Warrensburg

17. (a) Bural (b) Date thereof Dec 6 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove 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 Sweeney Phillips

(b) Address Warrensburg, Mo.

19. (a) Dec 6, 1943 (b) Leola M. Williams
(Date received local registrar) (Registrar's signature)

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

23. Signature Wm Patterson (M. D. or other) _____
Address Warrensburg Mo Date signed 12-6-43

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6-2-44

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 Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.