

**FILED MAR 26 1944**  
 Registration District No. 26

Primary Registration District No. 6224

Registrar's No. 22

108  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
 (a) County Vernon  
 (b) City or town Nevada R.F.D. (Center township)  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
At Home  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution   
(Specify whether)  
 In this community   
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Vernon <sup>108</sup>  
 (c) City or town Nevada R.F.D. (Center township)  
(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 ✓

3. (a) PRINT FULL NAME Thomas J. Drown (Initials)  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. 499-10-4996

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Feb day 21  
 year 1944 hour 4:30 minute 00 M.  
 21. I hereby certify that I attended the deceased from only saw  
him at death to \_\_\_\_\_, 19\_\_\_\_  
 that I last saw him  alive on \_\_\_\_\_, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Race Wh.  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Della J. Drown  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Sep 15 1887  
(Month) (Day) (Year)

Immediate cause of death Cancer of Prostate  
 Duration \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

8. AGE: Years 56 Months 5 Days 6  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

9. Birthplace Mexico R.F.D. Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Meat Cutter

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? \_\_\_\_\_

MOTHER FATHER  
 11. Industry or business \_\_\_\_\_  
 12. Name Henry O. Drown  
 13. Birthplace Kenova W. Virginia  
(City, town, or county) (State or foreign country)  
 14. Maiden name Fanny Keisek  
 15. Birthplace W. Virginia  
(City, town, or county) (State or foreign country)

While at work \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury ✓  
 23. Signature J. H. Keisek (M. D. or other) \_\_\_\_\_  
 Address Nevada, Mo. Date signed 2/23/44

16. (a) Informant Mrs. Della J. Drown  
 (b) Address Nevada, Mo.  
 17. (a) Burial (b) Date thereof Feb 24 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Newton Burial Park  
 18. (a) Signature of funeral director Chas. Funeral Service  
 (b) Address Nevada, Mo.  
 19. (a) 2-23-44 (b) Bozel B. Beureck  
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 7

District File No.

2-44-286

Date Filed

3-8-49

**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

*Mack A. Braswell*

Licensed Embalmer No. *2529*

P.O. Address *Nevada 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.**