

*110 Shryver St.*  
State File No. **15162**

FILED MAY 8 1944  
Registration District No. **200**

Primary Registration District No. **2727**

Registrar's No. **37**

1. PLACE OF DEATH:

(a) County Macon  
(b) City or town Excell's Addition  
(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 \_\_\_\_\_ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Isaac Sherman 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 Married

6. (b) Name of husband or wife Flornce Brown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct 4 1871  
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Macon Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Coal miner

11. Industry or business \_\_\_\_\_

12. Name Wm R Brown

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

14. Maiden name Elyzabeth Lucas

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

16. (a) Informant Mrs Flornce Brown

(b) Address Excell's Mys

17. (a) Burial (b) Date thereof Apr 18-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Salem Cem

18. (a) Signature of funeral director Albert S. Krumm

(b) Address Macon

19. (a) 5/13/44 (b) Ira B. Tucker  
(Date received from Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon  
(c) City or town Excell's  
(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 April day 15  
year 1944 hour 5 minute P M.

21. I hereby certify that I attended the deceased from Feb 1940 to April 15 1944  
that I last saw him alive on April 15 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma of jaw Duration 2 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations HSA

Of autopsy \_\_\_\_\_

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 C. A. Shryver (M. D. or other) DO  
Address Jacksonville, Mo. Date signed Apr 17 1944

WHITE PAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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

RECEIVED

District Health Officer No. 10

District File Number 5-44-856

Date Filed MAY 5 1944

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 Cordland Munn

Licensed Embalmer No. 3414

P. O. Address Macon Ga

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.