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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27464

Registration District No. 59 Primary Registration District No. 4105 Registrar's No. 124

1. PLACE OF DEATH:
(a) County: Cass
(b) City or town: Peculiar
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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: 5 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Cass
(c) City or town: Peculiar
(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

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3. (a) PRINT FULL NAME: CHARLES EDGAR 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: Widowed
6. (b) Name of husband or wife: Ella C. Brown
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July (Month) 10 (Day) 1865 (Year)

8. AGE: Years 79 Months 1 Days 0 If less than one day hr. min.

9. Birthplace: Knox (City, town, or county) Stark Co Ind (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER
12. Name: Asa Brown
13. Birthplace: Ind (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Harriet Prettyman
15. Birthplace: Ind (City, town, or county) (State or foreign country)
16. (a) Informant: Mary Bell Brown
(b) Address: 1240 W 57th KC Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/12 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Peculiar Cemetery
18. (a) Signature of funeral director: RUNNENBURGER'S
(b) Address: HARRISONVILLE, MO.
19. (a) Aug. 12, 1944 (Date received local registrar) (b) Margaret Pille (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10 year 1944 hour 6:00 minute A. M.
21. I hereby certify that I attended the deceased from July 11, 1944, to Aug 10, 1944 that I last saw him alive on August 10, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pernicious Anemia	?
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Chr Myocarditis	
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? (Specify type of place)
While at work? (e) Means of injury: C
23. Signature: Maclen V. Robbins (M. D. or other) MD
Address: Peculiar, Mo Date signed 8/12/44

1047 (Licensed Embalmer's Statement on Reverse Side)

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

R.

MAY 21 1948

SEP 22 1948

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 Ernest Rannenberger

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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.