

No. 2  
M-L-2-43  
5-17-39  
-1 X35697

FILED NOV 28 1944  
Registration District No. **1044**

Primary Registration District No. **5126**

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Paris Crawford Twp.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
3 miles N. W. of Fayette Mo.  
(If not in hospital or institution, give street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community entire life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. Crawford Twp. 3 miles  
(If rural, give location) N. W. Fayette

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GEORGIA-BROWN

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife Charles Brown

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Aug 25 1876  
(Month) (Day) (Year)

8. AGE: Years 58 Months 2 Days 25 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation House wife

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

12. Name Thomas Hudson

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

14. Maiden name Flores Fielding

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

16. (a) Informant Charles F. Brown

(b) Address Fayette mo.

17. (a) Burial (b) Date thereof Nov 21 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Turner cem.

18. (a) Signature of funeral director H. SULLINS

(b) Address Gower mo

19. (a) 11-21-44 (b) Walter J. Pickle  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19 year 1944 hour \_\_\_\_\_ minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov 19 1944 to \_\_\_\_\_ 19\_\_\_\_;

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Thrombosis 1 day

Due to Chronic Myo-Carditis 1 year

930

Due to Woman died suddenly

Other conditions while in bed at  
(Include pregnancy within 3 months of death)  
her home, without previous

Major findings: of operation, previous illness  
or disability

Of autopsy no

Duration

1 day

1 year

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? Coronary

23. Signature H. F. Munsly (M. D. or other)

Address 424 So 3rd St Date signed 11/22/44

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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.....

*H. A. Sullivan*

Licensed Embalmer No.....

*1738*

P. O. Address.....

*Groves, 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.