

Registration District No. 316

Primary Registration District No. 6025

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Leadington *ST. FRANCOIS*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: my
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution nine years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois 94
(c) City or town Leadington 11
(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 11

3. (a) PRINT FULL NAME Joseph Smith 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 Pearl Brown
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased October 25 1891
(Month) (Day) (Year)

8. AGE: Years 53 Months 1 Days 7
If less than one day hr. min.

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

10. Usual occupation Garage

11. Industry or business

12. Name Wm. Brown
13. Birthplace Scotland
(City, town, or county) (State or foreign country)
14. Maiden name Agnes Smith
15. Birthplace Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pearl Brown
(b) Address Leadington Missouri
17. (a) burial (b) Date thereof 12-4-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Middlebrook Mo.

18. (a) Signature of funeral director Norman White & Sons
(b) Address 12-6-44 Ironton Mo.
19. (a) 12-6-44 (b) James Robinson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2
year 1944 hour 6 minute 50 A.M.

21. I hereby certify that I attended the deceased from April 1942 to Dec 2 1944
that I last saw him alive on Dec 1 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of colon (Sigmoid)
Due to
Due to

Other conditions: 462
(Include pregnancy within 3 months of death)

Major findings: Cancer of colon
Of operations
Of autopsy ✓

Duration 2 yrs
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
23. Signature Daisy Applebury (M. D. or other)
Address River View, Mo. Date signed 12-4-44

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

4600

VED
District Health Officer No: 4
District File Number 145-122
Date Filed 1-16-45

NOV 22 1945

OCT 19 1945

OCT 22 1945

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 Arnel J. White

Licensed Embalmer No. 3012

P. O. Address London, Miss

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.