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v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 10 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14809

Registration District No. 10 3945

Primary Registration District No. 3076

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Nevada Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 hours (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Clair 93

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? no 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JAMES BROWN

3. (b) If veteran, name war —

3. (c) Social Security No. none

4. Sex Male (1)

5. Color or race White

6. (a) Single, widowed, married, divorced married 1

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

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased July (Month) 22 (Day) 1875 (Year)

8. AGE: Years 69 Months 8 Days 13 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Brown
13. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name Mary Ellen Brown
15. Birthplace (City, town, or county) Ky 1 (State or foreign country)

16. (a) Informant Mrs Chas Brackenridge
(b) Address R.4. El Dorado Springs Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-45 (Month) (Day) (Year)
(c) Place: burial or cremation El Dorado (Cem)

18. (a) Signature of funeral director Gwinn-Siders
(b) Address El Dorado Springs Mo

19. (a) 4-9-45 (Date received local registrar) (b) Hazel B. Bewick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
year 1945 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 4, 1945, to April 5, 1945;
that I last saw him alive on April 5, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Severe 1st & 2nd Burns Body Extremities & Neck	16 hrs
Due to	
Due to	
Other conditions Blindness (Include pregnancy within 3 months of death)	

Major findings:
Of operations none 18 1-5
Of autopsy none 15

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) Accident 108

(b) Date of occurrence April 4 1945

(c) Where did injury occur? Rural (City or town) Vernon (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm (Specify type of place)

While at work? No (e) Means of injury Fire

23. Signature Wm H Allen (M. D. or other) M.D.

Address Nevada, Mo Date signed 4-6-45

1331

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 4-45-412
Date Filed 5-9-45

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 O B Sanders

Licensed Embalmer No. 3250

P. O. Address Pomona Bldg. [illegible]

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.