

FILED JUN 12 1945

Registration District No.

Primary Registration District No. 4145

Registrar's No. 8

1. PLACE OF DEATH:

(a) County COOPER
(b) City or town OTTERVILLE
(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. 27 years (Specify whether years, months or days)
In this community 27 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER
(c) City or town OTTERVILLE
(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

3. (a) PRINT FULL NAME RICHARD OSCAR BROWNFIELD

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex MALE
5. Color or race WHITE
6. (b) Name of husband or wife IDA EWING
7. Birth date of deceased AUG. 1 1870
5. (a) Single, widowed, married, divorced MARRIED
6. (c) Age of husband or wife if alive 75 years

8. AGE: Years 74 Months 8 Days 29
If less than one day hr. min.

9. Birthplace PILOT GROVE MO
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

MOTHER FATHER
12. Name JONAS BROWNFIELD
13. Birthplace PILOT GROVE MO
(City, town, or county) (State or foreign country)
14. Maiden name MARY RAMSBAKE
15. Birthplace PILOT GROVE MO
(City, town, or county) (State or foreign county)

16. (a) Informant Mrs. P. O. Brownfield
(b) Address Otterville, Mo.

17. (a) BURIAL (b) Date thereof 5-2-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BOONVILLE MO

18. (a) Signature of funeral director L. F. PARKER
(b) Address OTTERVILLE MO

19. (a) 5-5-1945 (b) Registrar's signature
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 30
year 1945 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 1, 1940 to April 1, 1945
that I last saw him alive on April 1, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Myocarditis with Arteriosclerosis
Duration 2 yrs

Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

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?

While at work (Specify type of place) (e) Means of injury
Signature of physician
Address
Date signed

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6/11/45

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 L. F. Parker

Licensed Embalmer No. 3840

P.O. Address Atterville, 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.