

FILED AUG 3 1945
Registration District No. **72**

Primary Registration District No. **5292**

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

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Rural-Platte
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Susan Mary Brown
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 7, 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	8	6	_____ hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business Home

MOTHER FATHER 12. Name William Eads

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

14. Maiden name Frances Newman

15. Birthplace Platte Co., Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Chas. Brooks

(b) Address Smithville, Mo.

17. (a) Burial (b) Date thereof 7/15/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stony Point Cem.

18. (a) Signature of funeral director Kallins - Nash
(b) Address Edgerton, Mo.

19. (a) July 25 1945 (b) Rush D. Henry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clinton **25**
(c) City or town Rural **0**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) **0**
(e) Citizen of foreign country? No (Yes or No) **1**
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from March 9, 1945 to July 13, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death ch Myocarditis
then arteriosclerosis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 920

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) Means of injury _____

23. Signature R. H. Hobbs (M. D. or other) **0 M.D.**
Address Smithville, Mo Date signed 7-18-45

Duration _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Hiram R. Hask

Licensed Embalmer No. 3947

P. O. Address Edgerton, 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.