

FILED OCT 9 1945

Registration District No. 243

Primary Registration District No. 3047

Registrar's No. 114

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

1. PLACE OF DEATH:

(a) County Newton  
(b) City or town Neosho, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
South Wood Street - 346  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether \_\_\_\_\_)  
In this community Life  
years, months or days)

3. (a) PRINT FULL NAME David C. Brown

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Blanch Gugley Brown alive \_\_\_\_\_ years 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased September 27, 1858  
(Month) (Day) (Year)

8. AGE: Years 86 Months 11 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Insurance Business

11. Industry or business Own office - Retired

MOTHER FATHER  
12. Name George J. Brown  
13. Birthplace Newtonia, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Rayburn  
15. Birthplace Diamond, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Lollie Brown

(b) Address So Wood St. Neosho, Missouri

17. (a) Burial (b) Date thereof Sept. 26, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neosho, Missouri

18. (a) Signature of funeral director The Bigham Mortuary

(b) Address Neosho, Missouri

19. (a) Sept 27, 1945 (b) Melvin C. Bowman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton  
(c) City or town Neosho, Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. So Wood St. - 346  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 23rd year 1945 hour 11:00 A.M. minute 11:00 A.M.

21. I hereby certify that I attended the deceased from Several years 19\_\_\_\_ to Sept 23 1945 that I last saw him alive on Sept 23 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis Duration \_\_\_\_\_  
Myocarditis \_\_\_\_\_  
Serinitis - renal diabetes 2 years  
Due to mild diabetes mellitus  
Due to \_\_\_\_\_

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

Major findings: Of operations none Of autopsy none  
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? \_\_\_\_\_  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature R. L. Lanson MD (M. D. or other) MD  
Address Neosho, MO Date signed 9/26/45

1482

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.

RECEIVED OCT 5 1945

District Health Officer No.....

District File Number..... 945-177.....

Date Filed..... OCT 5 1945.....

Signed *W. L. Linnah*.....

Licensed Embalmer No..... 4400.....

P. O. Address..... Neosho, 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.