S. No. 2
M—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42075

FILED JAN 9 1946

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 358

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

80
6
4

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 313 N. Washington St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pettis 80
(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")
(d) Street No. 313 N. Washington St 4
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME WALTER BROWN
3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
4. Sex M 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lillian Brown 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased Sept (Month) 18 (Day) 1885 (Year)

8. AGE: Years	Months	Days	If less than one day
60	2	7	hr. min.

9. Birthplace Dresden (City, town, or county) Mo (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Storage house
FATHER
12. Name Richard H. Brown
13. Birthplace Pettis Co. Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Lee Pace
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mary Bolford
(b) Address Sedalia Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (Month) 3 (Day) 1945 (Year)
(c) Place: burial or cremation Dresden Mo
18. (a) Signature of funeral director F. K. Ferguson
(b) Address Sedalia
19. (a) 12-29-45 (Date received local registrar) (b) A. J. Camthill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11-27 day ..... year 1945 hour 2:30 minute 4 M.
21. I hereby certify that I attended the deceased from 11/12 ..... 1945 to 11/27 1945
that I last saw him alive on 11/27 1945
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	
Due to Pneumococcus	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 108	

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 S. W. C. Dancy (M. D. or other)
Address Sedalia Date signed 12/11-45

14 W

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number

Date Filed 1-8-46

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 F. Ferguson

Licensed Embalmer No. 2472

P. O. Address Sodalia

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.