

FILED JAN 25 1946

State File No.

Registration District No. 294

Primary Registration District No. 6007

Registrar's No. 248

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Rural Jacksonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RFD #2 Jacksonville
(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 Seventy years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Rural Jacksonville
(If outside city or town limits, write "RURAL")
(d) Street No. RFD #2 Jacksonville
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LIZZIE BROWN

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

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

6. (b) Name of husband or wife York Brown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug - 5 - 1862
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Hal Washington

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

14. Maiden name Maria

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Stuart Brown
(b) Address RFD #2 Jacksonville MO

17. (a) Rural (b) Date there Dec 18 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jacksonville Colored Cem

18. (a) Signature of funeral director Stuart Brown
(b) Address Maabery Rd

19. (a) Dec 17 - 45 (b) Seal
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15th
year 1945 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 1940 to Dec 8 1945
that I last saw him alive on Dec 8 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia Duration 3 day
Due to Chronic Myocarditis 10 yrs

Due to _____

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

Major findings: Of operations _____
Of autopsy 9/20

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 _____

23. Signature C. A. Shepherd (M. D. or other)
Address Jacksonville Mo Date signed Feb 17 45

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

100804

RECEIVED

District Health Officer No. 10

District File Number 1-46-1124

Date Filed JAN 23 1946

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.....

R. M. Carter

Licensed Embalmer No. 4117

P. O. Address.....

Moberly 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.