S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8292

FILED MAR 12 1946

Registration District No. 560 Primary Registration District No. 6225 Registrar's No. 28

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Rural Washington (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community 10 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Dade 108
(c) City or town Greenfield (If outside city or town limits, write "RURAL")
(d) Street No. 507 Maple (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HARVEY A. BROWN
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs Bertha A Brown
6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased Oct 11 (Month) 1879 (Day) (Year)

8. AGE: Years 66 Months 4 Days 6 If less than one day hr. min.

9. Birthplace Monett Mo (City, town, or county) (State or foreign country)
10. Usual occupation Chiropractor
11. Industry or business
FATHER
12. Name Greene Brown
13. Birthplace Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Isabel Lava
15. Birthplace Mo (City, town, or county) (State or foreign country)
16. (a) Informant Hospital records
(b) Address Nevada, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Rocky Comfort, Mo
18. (a) Signature of funeral director Sam E. Sensenay Jr
(b) Address Greenfield Mo.
19. (a) 2-20-46 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Feby day 17 year 1946 hour 5 minute 30 A.M.
21. I hereby certify that I attended the deceased from 2-7-, 1946 to 2-17, 1946 that I last saw her alive on 2-16-(46), 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Arteriosclerosis	
Due to	
Due to	
Other conditions Senile deterioration (Include pregnancy within 3 months of death)	

Major findings:
Of operations ✓
Of autopsy no 97

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 A. G. Hall M.D. (M.D. or other)
Address Nevada Mo Date signed 2/17/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Officer No. 7

2-46-182

Date Filed 3-8-46

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: Sam E. Senseney Jr

Licensed Embalmer No. 4099

P. O. Address Greenfield 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.