

**FILED** MAR 29 1946 **STANDARD CERTIFICATE OF DEATH**

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 93

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirksville  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Nursing Home 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution by mouth and  
(Specify whether)

In this community 18 days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Columbia  
(If outside city or town limits, write "RURAL")

(d) Street No. 619 Mt. Vernon St.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME TURNER PIERCE BROWN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male D 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased 5 - 13 - 1886  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months    | Days      | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
|         | <u>59</u> | <u>10</u> | <u>11</u> | hr. _____ min. _____ |

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

10. Usual occupation Carpenter

11. Industry or business \_\_\_\_\_

12. Name Jasper Turner Brown

13. Birthplace Boone County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Newland Turner

15. Birthplace Boone County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mertis Pulis

(b) Address 619 Mt. Vernon St., Columbia, Mo.

17. (a) Removal (b) Date thereof 3-25-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centralia, Mo.

18. (a) Signature of funeral director Summers & Powell

(b) Address Kirksville, Mo.

19. (a) 3-27-46 (b) Kate Lambert  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24  
year 1946 hour 11 minute A M.

21. I hereby certify that I attended the deceased from Sept 6  
1945, to March 24, 1946  
that I last saw him alive on March 24, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Duration \_\_\_\_\_

Due to Carcinoma of intestines 1 year

Due to \_\_\_\_\_

Other conditions Transverse myelitis years  
(Include pregnancy within 3 months of death)

Major findings: U68

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 M.T. Hutenschn (or other) DO

Address Kirksville, Mo. Date signed 3-27-46

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

1  
3  
3

7286

29-8-25

3 - 28 - 46  
K.L.

APR 1 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 W.C. Sumner

Licensed Embalmer No. 2159

P. O. Address Triskville, W.

**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.**