

No. 2
-5-43
-17-39
X36671

FILED OCT 28 1946

Registration District No. 224

Primary Registration District No. 2272

Registrar's No. 176

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
410 E. Eastwood
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 26 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 974
(c) City or town Marshall 1
(If outside city or town limits, write "RURAL")
(d) Street No. 410 E. Eastwood 2
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Richard M. 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 Widowed

6. (b) Name of husband or wife Mary M. West 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 15 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 0 27 hr. min.

9. Birthplace Saline Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ''''

MOTHER FATHER { 12. Name William Brown 9
13. Birthplace Unknown Unknown 1
(City, town or county) (State or foreign country)
14. Maiden name Elizabeth Sterritt 7
15. Birthplace Unknown Unknown 7
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph Brown
(b) Address Marshall, Mo.

17. (a) Burial (b) Date thereof 10/15/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ridge Park Cemetery

18. (a) Signature of funeral director J. Leslie Burson
(b) Address Marshall, Mo.

19. (a) 10-15-46 (b) M. T. Overbrook
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15
year 1946 hour _____ minute P. M.

21. I hereby certify that I attended the deceased from Aug 15 1946 to Oct 12 1946
that I last saw him alive on Oct 12 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
ca of Runy 90 days
Due to ca of Prostate 27 mo.
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 5/18
Of operations _____
Of autopsy sm

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) sm
(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) (a) Means of injury _____
23. Signature Ronald [unclear] (M. D. or other) _____
Address Marshall, Mo. Date signed 10-14-46

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

294

RECEIVED

District Health Officer No. 8

Distict File Number _____

Date Filed 10-26-46

JAN 27 1947

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.....

Licensed Embalmer No. 3235

P. O. Address..... Marshall, 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.