

Registration District No. 6

Primary Registration District No. 3001

State File No. _____

Registrar's No. 19

1. PLACE OF DEATH:

(a) County AUDRAIN

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

(c) Name of hospital or institution: 413 E. STATE ST. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 57 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County AUDRAIN 4

(c) City or town VANDALIA 2
(If outside city or town limits, write "RURAL")

(d) Street No. 413 E. STATE 1
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME HUGH TAMERON BROWN

3. (b) If veteran, name war _____ 3. (c) Social Security No. #91-24-3844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6 year 1946 hour 5 minute 7 M.

21. I hereby certify that I attended the deceased from July 1 1946 to Nov 6 - 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: myocardial infarction

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LURA BROWN 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased 25 1890
(Month) (Day) (Year)

Duration _____

Due to Rheumatic Heart

Due to _____

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

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>2</u>	<u>11</u>	hr. _____ min.

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation SUPERINTENDENT OF WATER WORKS

11. Industry or business CITY OF VANDALIA

MOTHER FATHER

12. Name ASHER BROWN

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

14. Maiden name EMMA TAMERON

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

16. (a) Informant CARL LEE BROWN

(b) Address VANDALIA Mo.

17. (a) BURIAL (b) Date thereof Nov 8 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation VANDALIA CEMETARY

18. (a) Signature of funeral director Wm. Smith

(b) Address Vandalia, Mo.

19. (a) Nov 7 1946 (b) Mattie Ferguson
(Date received local registrar) (Registrar's signature)

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 0

23. Signature H. H. Brown (M. D. or other) MD

Address Vandalia Mo. Date signed 11/6

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

34834

DEC 3 1946 RECEIVED
District Health Officer No. 10
District File Number 46-2172
Date Filed NOV-26-1946

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 Clyde Wilsey
Licensed Embalmer No. 3820
P. O. Address Larry, 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.