

FILED FEB 25 1947

Registration District No. 170

Primary Registration District No. 3033

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Laclede
 (b) City or town Lebanon
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Wallace Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 hours
(Specify whether)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME JOHN EVERETT BROWN

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased: March 22 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>11</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace Laclede County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Reuben Brown

13. Birthplace unknown

14. Maiden name Mollie Crawford

15. Birthplace unknown

16. (a) Informant Frank Brown

(b) Address Eldridge, Mo.

17. (a) Burial (b) Date thereof 2/16/47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Eldridge

18. (a) Signature of funeral director Palmer's

(b) Address Lebanon, Mo.

19. (a) Feb 15, 1947 (b) Ors Frankberger
(Date received local register) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13
 year 1947 hour 2 minute _____ P. M.

21. I hereby certify that I attended the deceased from 2/13/47 to 2/15/47
 that I last saw him alive on 2/13/47
 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia Duration 3 day

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 H. G. Hamilton (M. D. or other)

Address Lebanon, Mo. Date signed 2/14/47

PHYSICIAN

Underline the cause to which death should be charged statistically.

Received 2/21/47

Laclede County Health Unit

File No. 2/47/24

Date Filed 2/24/47

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 S. P. Palmer

Licensed Embalmer No. 2208

P. O. Address Lebanon 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.