

**FILED OCT 1 1947**

Registration District No. 140

Primary Registration District No. 5547

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Howard  
(b) City or town R.F.D. 2 Rural Hilldale  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community All his life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard  
(c) City or town Rural Hilldale community  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

John Brown

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex Male 2) 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Lou Broadus 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased Nov. 15, 1873  
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 24  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farm Labor

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

MOTHER FATHER { 12. Name Unknown Brown  
13. Birthplace "  
14. Maiden name Martha Jackson  
15. Birthplace Unknown

16. (a) Informant Mable Brown  
(b) Address 603 E. Ash St. Columbia MO.

17. (a) Burial (b) Date thereof 9/14/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hilldale Cem. Howard Co.

18. (a) Signature of funeral director Ralph A. Carr

(b) Address Fayette, Missouri

19. (a) 9-13-1947 (b) Sarah Jernale  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9  
year 1947 hour 9:00 minute A. M.

21. I hereby certify that I attended the deceased from 9-9-47  
to 9-9-47

that I last saw him alive and that death occurred on the date and hour stated above.

Immediate cause of death Shot thru wound  
of head

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations 166  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence 9-9-47

(c) Where did injury occur? Farm  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Yes (Specify type of place) Shot thru  
(e) Means of injury Homicide

23. Signature W. B. Brown (M. D. or other) \_\_\_\_\_  
Address Fayette, Mo. Date signed 9-10-47

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

RECEIVED  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 9-30-47

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 \_\_\_\_\_

Lloyd O. Jaspering, Registered Apprentice No. 461  
working under my personal supervision.

Signed Ralph A. Case

Licensed Embalmer No. 3340

P. O. Address Gayette 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.