

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution:
6 miles north of Aurora
(If not in hospital or institution, give street number or location)

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

In this community 20yr
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

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

(d) Street No. 5 Miles North of Aurora
(If rural, give location)

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

3. (a) PRINT FULL NAME Lena Brown

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

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

6. (b) Name of husband or wife Riley Brown 6. (c) Age of husband or wife deceased years

7. Birth date of deceased March 18 1878
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days _____ If less than one day hr. _____ min. _____

9. Birthplace Germany (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Frank Kullie 9

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

14. Maiden name Lena K. Koller 9

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

16. (a) Informant John Brown

(b) Address Aurora Mo

17. (a) Burial (b) Date thereof 3/26/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Saint Paul, Aurora Mo

18. (a) Signature of funeral director Oscar A. Marsh

(b) Address Aurora Mo

19. (a) 3-26-48 (b) Ora Mc Natt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1948 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from after death, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

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 3

23. Signature Herman Surridge (M.D. or other) Coroner

Address Marionville Mo Date signed 3/23/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6;

District File Number 448-472

Date Filed APR 22 1948

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.....

Myself & James D. Craton, Registered Apprentice No. 211
working under my personal supervision.

Signed Osmer L. Marsh

Licensed Embalmer No. 3812

P. O. Address Princeton MD

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.