

FILED JUN 26 1948

Registration District No. **57**

Primary Registration District No. **4104**

Registrar's No. **106**

1. PLACE OF DEATH:

(a) County **Cass**  
(b) City or town **Westline**  
(If outside city or town limits, write "RURAL" and name of township)  
(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.....  
In this community **life 79 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME **Letitia Preston Brown**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**  
6. (b) Name of husband or wife **Carl Brown** 6. (c) Age of husband or wife if alive **1868** years  
7. Birth date of deceased **October 19** (Month) (Day) (Year)

8. AGE: Years **79** Months **8** Days **4** If less than one day hr. min.

9. Birthplace **Westline Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business **at home**

MOTHER FATHER

12. Name **David Williams**  
13. Birthplace **Sonora Kentucky**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Elizabeth Cash**  
15. Birthplace **Sonora Kentucky**  
(City, town, or county) (State or foreign country)

16. (a) Informant **L. J. McKeah**  
(b) Address **Westline Missouri**  
17. (a) **Burial** (b) Date thereof **6-25-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Freeman Missouri**

18. (a) Signature of funeral director **W. B. Kuyper**  
(b) Address **Louisburg Kansas**

19. **June 25-48** (Date received local registrar) (b) **Laura J. Jones** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **22** year **1948** hour **7** minute **20** p. m.

21. I hereby certify that I attended the deceased from **February 8, 1948** to **June 16, 1948** that I last saw her alive on **June 16, 1948** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**

Due to.....  
Due to.....  
Other conditions (include pregnancy within 3 months of death) **DM**

Major findings: Of operations.....  
Of autopsy.....  
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).....  
(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 **R. F. Gattley** (M. D. or other) Address **Louisburg Kansas** Date signed **6-24-48**

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

---

---

**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..... *Walter B. Ringan* .....

Licensed Embalmer No..... *3222* .....

P. O. Address..... *Wesburg Kansas* .....

**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.**