

FILED AUG 12 1948

Registration District No. **324**

Primary Registration District No. **6093**

Registrar's No. **168**

1. PLACE OF DEATH:

(a) County Sabine  
 (b) City or town Marshall Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Mo State School 2  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community 2 1/2 yrs 11 mo 17 da.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gaspeaux <sup>49</sup>  
 (c) City or town Joplin Mo. <sup>2</sup>  
(If outside city or town limits, write "RURAL") <sup>5</sup>  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? no. (Yes or No) <sup>1</sup>  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Allen Powell 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 alive \_\_\_\_\_ years

7. Birth date of deceased May 29 1932  
(Month) (Day) (Year)

8. AGE: Years 16 Months 2 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation None

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

MOTHER FATHER { 12. Name Carl Brown

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

14. Maiden name Laura Henry

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

16. (a) Informant Records Mo State School

(b) Address Marshall Mo.

17. (a) Burial (b) Date thereof 7/31/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cem

18. (c) Signature of funeral director A. P. Kelley

(b) Address Mo State School

19. (a) July 31 1948 (b) A. P. Kelley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 29  
 year 1948 hour 1:00 minute P. M.

21. I hereby certify that I attended the deceased from 7-28 1948 to 7-29 1948  
 that I last saw him alive on 7-29 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis <sup>24 hr.</sup>

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

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

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Of operations 93  
 Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(c) 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 A. P. Kelley (M. D. or other) \_\_\_\_\_

Address Mo State School Marshall Mo. Date signed 7/29/48

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

8-11-48

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 \_\_\_\_\_ *J. Paulie Su*

Licensed Embalmer No. *3235*

P. O. Address \_\_\_\_\_ *W. Marshall*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.