

No. 300
-10-47
5-17-39
W I 3905

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32767

FILED OCT 26 1948
Registration District No. 774

Primary Registration District No. 5563

Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County Iron

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

3: (a) PRINT FULL NAME Huey Edward Brown

3. (b) If veteran, name war World War 1

3. (c) Social Security No. 491-18-4794

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mae Brown

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Jan 18 1892
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>8</u>	<u>25</u>	hr. _____ min.

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

10. Usual occupation laborer

11. Industry or business _____

12. Name Jerry Brown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Mae Brown

(b) Address Annapolis Missouri

17. (a) burial (b) Date thereof 10-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Annapolis Missouri

18. (a) Signature of funeral director White Funeral Home

(b) Address 7. White Ironton Missouri

19. (a) 10/20/48 (b) Arvis Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron

(c) City or town Annapolis
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13
year 1948 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____
by inquest duties 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 Acute myocarditis

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy none

Duration _____

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) 3 days of injury

23. Signature Chas Hampton Coroner
(M. D. or other)

Address Annapolis Missouri Date signed 10-16-48

RECEIVED

Health Officer No. 4
Harbor 1048-131
10-25-48

OCT 26 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Arnel J. White
Licensed Embalmer No. 3012
P. O. Address Porter Ave

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.