

FILED JUL 13 1949

State File No. \_\_\_\_\_

16

Registration District No. 399

Primary Registration District No. 4527

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County VERNON  
 (b) City or town Bronaugh RR RURAL  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Bronaugh RURAL  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community 1445 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 108  
 (c) City or town Bronaugh  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Rural  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Isabelle Brown

3. (b) If veteran, name war No  
 3. (c) Social Security No. None

4. Sex F 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 7 26 1887  
 (Month) (Day) (Year)

8. AGE: Years 62 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace WEEK Kan. 1  
 (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

MOTHER FATHER

12. Name Claude Brown 4

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

14. Maiden name Mary Ann M. Carmish

15. Birthplace Penn. 1  
 (City, town, or county) (State or foreign country)

16. (a) Informant Dave Brown

(b) Address Bronaugh RR Rural Mo

17. (a) Burial (b) Date thereof Apr. 14, 1949  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hosely H, 11, West Ka

18. (a) Signature of funeral director Ed Jernan

(b) Address W. Kan. 730

19. (a) July 9 1949 (b) M. H. Kuehl  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 11  
 year 1949 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from June 24 1947 to Apr. 10 1949  
 that I last saw her alive on Apr. 10 1949  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis 2 yrs

Due to Congestive heart failure

Due to Cardio Hypertrophy 10 yrs

Other condition Elephantiasis of legs and varicose ulcers  
 (Include pregnancy within months of death)

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? 2

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature M. H. Kuehl (M. D. or other) MD

Address Liberal, Mo. Date signed Apr. 20 1949

(Township Clerk) (Licensed Embalmer's Statement on Reverse Side) C. G. Keller

RECEIVED

District Health Officer No. 7

District File Number 6-49-83

Date Filed 7-12-49

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 *John C. Friskel*

Licensed Embalmer No. 1775

P. O. Address *Frontenac, 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.