

STANDARD CERTIFICATE OF DEATH

FILED DEC 2 - 1953

State File No. ....

No. 300  
10.48

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 4397 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u> <u>1040</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crane</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crane</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jesse</u> b. (Middle) <u>W</u> c. (Last) <u>Brown</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 29 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Mar 28-1898</u>		9. AGE (In years last birthday) <u>75</u>		10. IF UNDER 1 YEAR: Months <u>7</u> Days <u>1</u>	
11. IF UNDER 15 HRS: Hours <u></u> Mins. <u></u>		10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Post master</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Richmond, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Sam Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Fanny Davis</u>		14. NAME OF HUSBAND OR WIFE <u>Loradia Brown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Loradia Brown</u> ADDRESS <u>Crane Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pernicious Anemia</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____ DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>8-11-1946</u> , to <u>10-29-1953</u> , that I last saw the deceased alive on <u>10-29-1953</u> , and that death occurred at <u>5 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Ernest P. Nimmack M.D.</u>		23b. ADDRESS <u>Crane, Mo.</u>		23c. DATE SIGNED <u>11-3-53</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/1/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old Town</u>	
24d. LOCATION (City, town, or county) (State) <u>Crane Mo</u>		DATE REC'D BY LOCAL REG. <u>Ernest P. Nimmack</u>		REGISTRAR'S SIGNATURE <u>Ernest P. Nimmack</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>George H. Maston</u>		ADDRESS <u>Crane Mo</u>			

U.S. 25 1953

**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, ~~on~~ by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Gray H. Monroe

Licensed Embalmer No. 3827

P. O. Address Cran 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.