

FILED OCT 7 1948
Registration District No. **298**

Primary Registration District No. **6024**

Registrar's No. **11**

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

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Rural Park
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town Rural
(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 _____

3. (a) PRINT FULL NAME AARON 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 widowed

6. (b) Name of husband or wife Nellie Brown 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased Dec 1 1863
(Month) (Day) (Year)

8. AGE: Years 84 Months 9 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Fulstow England
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Aaron Brown

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

14. Maiden name Mary Korman

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

16. (a) Informant Elyde Trout

(b) Address Lawsen Mo

17. (a) Burial (b) Date thereof Sept 28 '48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmira Cemetery

18. (a) Signature of funeral director Jerman - Prichard

(b) Address Lawsen Mo

19. (a) Sept 28 1948 (b) Mrs Raymond Trout
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26
year 1948 hour 5 minute 25 P.M.

21. I hereby certify that I attended the deceased from Sept 1, 1948 to Sept 26, 1948
that I last saw him alive on Sept 24, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Rel. failure of
arterio-sclerotic
hypertension.

Duration 10 days

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 30

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____
Of autopsy _____

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)
(c) Means of injury 0

23. Signature Peter E. Ducher (M. D. or other)
Address Lawsen Date signed 8-27-48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-6-48

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 _____

Ludell R Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs

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.