

FILED JUN 6 1945
 Registration District No. 276

Primary Registration District No. 6018

State File No. _____
 Registrar's No. 12

1. PLACE OF DEATH:
 (a) County Ray
 (b) City or town Orrick (If outside city or town limits, write "RURAL" and name of township) RFD-1
 (c) Name of hospital or institution: Freshburg River (If not in hospital or institution, write street number or location) 1
 (d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Ray 89
 (c) City or town Orrick (If outside city or town limits, write "RURAL") 0
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? No 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ALFRED RILEY BROWN
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 14 year 1945 hour 8 minute 0 P.M.
 21. I hereby certify that I attended the deceased from May 1943, to May 14 1945.
 that I last saw him alive on May 14 1945 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Catherine Offutt 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased: 1 29 1976
 (Month) (Day) (Year)

Immediate cause of death: Acute dilatation of the heart Duration 1 week
 Due to Valvular incompetency 10 yrs
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 69 Months 3 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Orrick Ray Co. Missouri (City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

Major findings: 9504
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER {
 11. Industry or business _____
 12. Name Henry Brown
 13. Birthplace Germany 4
 14. Maiden name Chana O Dell
 15. Birthplace Ray County D
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Alfred Riley Brown
 (b) Address Orrick Ray Co. Mo.
 17. (a) Burial (b) Date thereof 5 16 1945
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation O Dell Cemetery
 18. (a) Signature of funeral director B.W. Goodbrothers
 (b) Address Orrick Mo.
 19. (a) May 16/45 (b) A.G. Simmons
 (Date received local registrar) (Registrar's signature)

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) Means of injury 0
 23. Signature J.W. Gaines (M. D. or M.D.)
 Address Richmond Mo. Date signed 5-15-45

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

9
0
0

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6/4/15

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 Louis Quest

Licensed Embalmer No. 4096

P. O. Address Richmond, 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.