

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5846**
Registrar's No. **4**

Registration District No. **296**

Primary Registration District No. **6018**

1. PLACE OF DEATH:

(a) County **Ray**
(b) City or town **Rural, Fishing River**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **P. R. 2, Epelesior Springs**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **NO** (Specify whether)
In this community **55 years** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ray**
(c) City or town **P. R. 2, Epelesior Springs**
(If outside city or town limits, write "RURAL")
(d) Street No. **P. R. 2** (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **ASA OLIVER BROWN**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NO**

4. Sex **M. O.** 5. Color or race **W.**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Anna M. Brown** 6. (c) Age of husband or wife if alive **58** years
7. Birth date of deceased **March 2 1883**
(Month) (Day) (Year)

8. AGE: Years **63** Months **11** Days **3** If less than one day hr. min.

9. Birthplace **Clay Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business _____

MOTHER FATHER { 12. Name **L. W. Brown**
13. Birthplace **Ky**
(City, town, or county) (State or foreign country)
14. Maiden name **Jamais Wilcox**
15. Birthplace **Ky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Anna M. Brown**

(b) Address **P. R. 2, Epelesior Springs**

17. (a) **Burial** (b) Date thereof **2-28-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt Olivet Cemetery**

18. (a) Signature of funeral director **Virgil Hones**

(b) Address **Epelesior Springs Mo**

19. (a) **Feb 13-47** (b) **Allen J. Larkin**
(Date buried local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **5**
year **1947** hour **11** minute **13** p.m.
21. I hereby certify that I attended the deceased from **Dec 14 1946 to Feb 5 1947**
and that death occurred on the date and hour stated above. **Feb 5 1947**
that I last saw him alive on **Feb 5 1947**

Immediate cause of death **Coronary Occlusion with Arrhythmia** Duration **4 hours**

Due to **Coronary Insufficiency + Atherosclerosis**

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **MI**
Of autopsy _____
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) Means of injury **8**

23. Signature **St. Bohimhaus** (M. D. or other)
Address **Epelesior Springs Mo** Date signed **2/7/47**

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 2-22-47

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 James A. Moles

Licensed Embalmer No. 3296

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.