S. No. 300 FEDERAL SECURITY AGENCY MISSOURI DIVISION OF HEALTH M -10-47 National Office of Vital Statistics STANDARD CERTIFICATE OF DEATH State File No.... LED DEC 31 1948 ev. 5-17-39 P I 3906 Registration District No. 297 Primary Registration District No. 305 7 Registrar's No. 108 1. PLACE OF DEATH: 2. USUAL RESIDENCE OF DECEASED. (a) County Ray (a) State Missouri \_\_\_\_\_ (b) County\_Ray RECORD (b) City or town Richmond
(If outside city or town limits, write "RURAL" and name of township) (c) City or town Richmond (c) Name of hospital or institution: 342 S. Shotwell St. 342 S. Shotwell St. (If not in hospita) or institution, write street number or location) (If rural, give location) (d) Length of stay: In hospital or institution. (e) Citizen of foreign country? NO 81 years In this community..... years, months or days) If yes, name country... MEDICAL CERTIFICATION 3: (a) PRINT CHARLEY ALVIN BROWN 20. DATE OF DEATH, Month December 17th 3. (b) If veteran. 3. (c) Social Security No. name war 21. I hereby certify that I attended the deceased from .... 5. Color or 6. (a) Single, widowed, married, divorcedMarried race White 4. Sex Male and that death occurred on the date and hour stated above. 6. (b) Name of husband or wife 6. (c) Age of husband or wife if Duration alive\_69 Arminta Brown 7. Birth date of deceased October 28. 1867 (Month) (Year) 8. AGE: Months Years Dava If less than one day UNFADING 81 19 Ray County, Missouri 9. Birthplace.... (State or foreign country) (City, town, or county) Retired farmer 10. Usual occupation (Include pregnancy within 3 months of death) 11. Industry or business.... PHYSICIAN Major findings: W. T. Brown Of operations..... 12. Name..... Underline Ray County, Missouri the cause to 13. Birthplace.... which death (State or foreign country) Elizabeth White should be charged sta-tistically. 14. Maiden name. Missouri Ray County, 15. Birthplace.... 22. If death was due to external causes, fill in the following: (State or foreign country) (City, town, or county) 16. (a) Informant & P. Roseri (b) Address Richmond, Missouri (a) Accident, suicide, or homicide (specify) (b) Date of occurrence..... (b) Date thereof Dec. 19, 1918 (Month) (Day) (Year) (c) Where did injury occur?..... Rurial (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (c) Place: burial or cremation NewHone Cem., Richmond, Mo. 18. (a) Signature of funeral director Thursday Funeral Home (Specify type of place) While at work? (e) Means of injury. (b) Address 627 E. Main St., Richmond. Mo. (Registral gargnature) 7 72 Address (Licensed Embalmer's Statement on Reverse Side)

RECEIVED  District Health Officer No	. B
District File Number	7

If this body is not embalmed, fact should be so stated above.

	TIONNORD	

STATEMENT BY LICENSED EMBALMER				
I hereby certify that the body whose name is recorded on the rever	se side of this certificate was embalmed by me, or by X			
	, Registered Apprentice No,			
working under my personal supervision.				
	Signed Zvilliam L. Thurman			
•	Licensed Embalmer No. 1563			
	P. O. Address Richmond, Vissouri			
Note: The above MUST BE SIGNED BY THE LICENSED I , the above constitutes grounds for revocation of license.)	EMBALMER in his OWN HANDWRITING. (Failure to comply with			