

FILED DEC 6 1945
 Registration District No. **296**

Primary Registration District No. **4444**

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

1. PLACE OF DEATH:
 (a) County Ray
 (b) City or town Camden, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution NO
(Specify whether years, months or days)
 In this community 87 Years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Ray
 (c) City or town Camden, Mo
(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 Joseph A. Brown
 3. (b) If veteran, name war No 3. (c) Social Security No. None
 4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Isabelle Brown 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased August 23, 1858
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month November, day 6th, year 1945 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from November 5, 1945, to November 6, 1945; that I last saw him alive on November 6, 1945; and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>87</u>	<u>2</u>	<u>13</u>	hr. _____ min. _____

Immediate cause of death Cerebral Hemorrhage Duration
 Due to _____
 Due to _____
 Other conditions 1
(Include pregnancy within 3 months of death)

9. Birthplace Ray County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

MOTHER { 11. Industry or business _____
 12. Name Smith Brown
 13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Tabitha Arnold
 15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings: 1
 Of operations _____
 Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Joseph E. Brown
 (b) Address Camden, Mo.

17. (a) Burial (b) Date thereof 11/8/45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Brockman Cemetery

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? _____

18. (a) Signature of funeral director Quest-Life Fun. Home
 (b) Address Richmond, Missouri

While at work _____ (Specify type of place) (c) Means of injury 0

19. (a) 11/10/45 (b) Heleen Larkin
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D./other) _____
 Address _____ Date signed 11/14/45

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

12-4-48

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

James J. West

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.