

FILED DEC 6 1945
Registration District No. 296

Primary Registration District No. 6019

1. PLACE OF DEATH:

(a) County. Ray
(b) City or town. Rural - ORRICK, MO.
(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 _____
(Specify whether _____)
In this community. All His Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. Ray
(c) City or town. Orrick, Mo Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME William Arthur Brown

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

4. Sex. Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. Ida Belle Brown 6. (c) Age of husband or wife if alive. _____ years

7. Birth date of deceased. Feb. 2, 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>9</u>	<u>28</u>	hr. _____ min.

9. Birthplace. Camden Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation. Farmer

11. Industry or business

MOTHER FATHER {
12. Name. J. A. Brown
13. Birthplace. Camden Mo.
(City, town, or county) (State or foreign country)
14. Maiden name. Belle Brookman
15. Birthplace. Camden Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature. Ida Belle Brown

(b) Address. Route # 2 Orrick, Mo.

17. (a) Burial (b) Date thereof. 12-2-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. South Paint Cem.

18. (a) Signature of funeral director. W. W. Wood

(b) Address. Orrick, Mo.

19. (a) DEC. 1, 1945 (b) Wesley C. Lakin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30
year 1945 hour 6:00 P. M. minute _____ M.

21. I hereby certify that I attended the deceased from Nov. 15, 1945 to Nov 30, 1945; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death

Heart Block -
Due to Pulmonary Tuberculosis
Due to _____

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

Major findings: Of operations _____

Of autopsy _____

Duration

PHYSICIAN

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) Means of injury _____

23. Signature. Gifford Thomas (M. D. or other) D.O.
Address. Orchard, Mo. Date signed 12/1/45

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-7-45

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 J. E. Broadhurst

Licensed Embalmer No. 2171

P. O. Address Rayville, 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, above space should be left blank.