

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED APR 30 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

13423

Registration District No.

219

Primary Registration District No.

5791

Registrar's No.

9

1. PLACE OF DEATH:

(a) County Montgomery
 (b) City or town High Point
 (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..... (Specify whether

In this community
years, months or days)3. (a) PRINT FULL NAME Columbus Houston BROWN3. (b) If veteran, name war no 3. (c) Social Security No. no4. Sex Male 5. Color of White 6. (a) Single, Married, widowed, divorced6. (b) Name of husband or wife Elise B. Brown 6. (c) Age of husband or wife if alive 68 years7. Birth date of deceased May 31 1872
(Month) (Day) (Year)8. AGE: Years 75 Months 10 Days 25 If less than one day hr. min.9. Birthplace California Mo. 10
(City, town, or county) (State or foreign country)10. Usual occupation Retired Farmer

11. Industry or business

12. Name Christopher C. Brown13. Birthplace Tennessee
(City, town, or county) (State or foreign country)14. Maiden name Eliza Anglin15. Birthplace Tennessee
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. C.H. Brown(b) Address High Point, Mo.17. (a) Burial (b) Date thereof 4-28-1948
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation High Point Cemetery(e) Signature of funeral director James D. Phelan(b) Address High Point, Mo.19. (a) 4p28178 (b) C.H. Nail 1948
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Montgomery 68
 (c) City or town High Point
 (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1948 hour 8 minutes 30 A. M.21. I hereby certify that I attended the deceased from Mon 1948 to Apr 26 1948that I last saw him alive on Apr 15 1948
and that death occurred on the date and hour stated above.Immediate cause of death Myocarditis Duration
coronary heart
disease

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations 93E

Of autopsy

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) (c) Means of injury

23. Signature E. Shelton MD (M. D. or other)Address Apr 27 1948 Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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.....

Louis D. Phillips
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Louis D. Phillips
Licensed Embalmer No. *3663*

P. O. Address.....
Bedon

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.