CERT DEC 16 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

40578
Do not use this space.

1. PLACE OF DEATH
(a) County Texas 2 Registration District No. 863
(b) Township Piney 1 Primary Registration District No. 6137 Registered No. 27
(c) City Houston (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

10/7

2. PRINT FULL NAME 650 Wendell Elbert Brown
(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M — 4. COLOR OR RACE W — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) —

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6 - 26

7. AGE Years 12 Months 10 Days 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Houston Mo

FATHER
13. NAME Jas Robt Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Houston Mo

MOTHER
15. MAIDEN NAME Mary Pearl Watson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Houston Mo

17. INFORMANT (ADDRESS) Jas Robt Brown

18. BURIAL, CREMATION, OR REMOVAL
PLACE Central Baptist DATE Nov 13 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) G. V. Elliott

20. FILED 12/12/1938 J. R. Vanmark Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 12th, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19 on Nov 12, 1938
I last saw h— alive on ....., 19..... Death is said to have occurred on the date stated above, at 12-30 m.
The principal cause of death and related causes of importance were as follows:
Congenital Heart Defect — Date of onset
157c
Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) W. P. Herron, M. D.
(Address) Houston, Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.