

1939 APR 10 1939

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

11800
Do not use this space.

1. PLACE OF DEATH

(a) County Deming Registration District No. 653
 (b) Township Hayth Primary Registration District No. 5864 Registered No. 16
 (c) City _____ (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 650 JOHN BROWN Jr St. (If nonresident, give city or town and State)
County (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-12-1906

7. AGE YEARS 32 MONTHS 8 DAYS 10 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labour
 9. Industry or business in which work was done, as saw mill, bank, etc. on farm
 10. Date deceased last worked at this occupation (month and year) 2-19-1939 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waco, Texas

FATHER 13. NAME John Brown Sr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waco, Texas

MOTHER 15. MAIDEN NAME Mary Austin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waco, Texas

17. INFORMANT (ADDRESS) U.S. Jones Hayth - mo.

18. BURIAL, CREMATION, OR DISPOSAL PLACE Hayth - mo. DATE 2-23-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mr. J. J. Smith Hayth - mo.

20. FILED 2-23-1939 J.W. Rhodes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 6 A.m.

The principal cause of death and related causes of importance were as follows:

I dont know possibly pneumonia
Broncho
Cold in the Chest
 Date of onset 19/2

Other contributory causes of importance:

Name of operation 2 Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

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? no

If so, specify _____

(Signed) Jack Kelley Coronar M.D.

(Address) Hayth - mo.

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
TO BE FILED IN THE DISTRICT HEALTH OFFICE
OF THE DISTRICT OF COLUMBIA

RECEIVED

District Health Officer No. 3,

District File Number 39-224

Date Filed 9-14-39

OCT 15 1945

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.