

AUG 18 1939

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

27113

Do not use this space.

1. PLACE OF DEATH **Vernon** **3**  
(a) County **Henry** **2** Registration District No. **879**  
(b) Township **Henry** **2** Primary Registration District No. **6167** Registered No. **10111**  
(c) City ..... (d) Street No. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. ....  
(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.

2. PRINT FULL NAME **Henry Clay Brown**  
(a) Residence, No. **RFD Prescott Kansas** St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Sarah Brown**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 11, 1859**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**79 7 12**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **retired farmer**  
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) **Kentucky** **1**13. NAME **Brown** **1**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ky.** **1**15. MAIDEN NAME ..... **Unknown**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ky.**17. INFORMANT (ADDRESS) **Mrs. E M Barker**  
**RFD Prescott Kan.**18. BURIAL, CREMATION, OR REMOVAL PLACE **East Liberty** DATE **July 26/39**  
**Stotesbury Mo.**19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Booth Funeral Service**  
**Rich Hill Missouri**20. FILED **July 30, 19** **Minnie R Denton** **791** (Address) **Stotesbury Mo.**  
**Local Registrar.**

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 24/39** 19

22. I HEREBY CERTIFY That I attended deceased from **July 10<sup>th</sup> 1939** to **July 24<sup>th</sup> 1939**  
I last saw him alive on **July 24<sup>th</sup> 1939** Death is said to have occurred on the day stated above, at **8:30 PM** m.  
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: **Arterio Sclerosis** **1936**  
**Arterio Sclerosis** **1939**

Name of operation..... Date of.....

What test confirmed diagnosis? **Clinical** Was there an autopsy?.....23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? **No** 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) **Wm. H. Allen** M. D.  
**Stotesbury Mo.**

RECEIVED

District Health Officer No. 7,

District File Number 7-37-1236

Date Filed 8-14-87

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.....

John G. Underwood....., Registered Apprentice No.....  
working under my personal supervision.

Signed

John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler Missouri

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.