

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44366

Registration District No. 710

Primary Registration District No. 5939

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Polk *Thomas - see Reg 7*
(b) City or town Pleasant Hope
(c) Name of hospital or institution: 2
(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

8. (a) PRINT FULL NAME William Wesley Brown 650

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 Jemima Anna Brown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January, 3, 1856
(Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 18
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Brown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. W. Brown

(b) Address Pleasant Hope, Mo.

17. (a) burial (b) Date thereof 12-21-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rock Prairie

18. (a) Signature of funeral director William H. Brown

(b) Address Pleasant Hope, Mo.

19. (a) 12-21-39 (b) W. W. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State 1 (b) County Searcy
(c) City or town _____
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20
year 1939 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from January 1, 1939, to December 19, 1939;
that I last saw him alive on December 19, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration of the heart

Due to _____
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) (e) Means of injury _____

23. Signature W. E. Albright, M.D.
Address Pleasant Hope, Mo. Date signed 12-21-39

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. 7,

District File Number 17-40-53

Date Filed 1-9-40

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.....

Frank K. Grable, Jr., Registered Apprentice No. 133
working under my personal supervision.

Signed Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.