

MARGIN RESERVED FOR BINDING

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

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 44770  
Registrar's No. 206

JAN 15 1940  
Registration District No. 796

Primary Registration District No. 3038

1. PLACE OF DEATH:  
(a) County Saline 2  
(b) City or town Marshall  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
222 North Jefferson  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days) 50 yrs 615

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Saline 1  
(c) City or town Marshall  
(If outside city or town limits, write "RURAL")  
(d) Street No. 222 North Jefferson  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Walter Spencer B. Brown  
3. (b) If veteran, name war ✓  
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 19  
year 1939 hour 2:00 minute A. M.

4. Sex Female 5. Color or race White  
6. (a) Name of husband or wife William Brown  
6. (b) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: Sept 7 1843  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 11 - 1939, to Dec 19 - 1939  
that I last saw her alive on Dec 18 - 1939  
and that death occurred on the date and hour stated above.  
Immediate cause of death Angina Pectoris Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
96 3 14 hr. min.

Due to Following influenza  
Due to \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death) 94 IN

10. Usual occupation Home Keeper

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name William S. Brown  
13. Birthplace Va.  
(City, town, or county) (State or foreign country)  
14. Maiden name Webster  
15. Birthplace Webster  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature George Brown  
(b) Address Marshall Mo.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof Dec 1 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Ridge Park Cem.

(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? \_\_\_\_\_

18. (a) Signature of funeral director Campbell Brown  
(b) Address Marshall Mo.

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

19. (a) 12-20-39 (b) Mary Kent  
(Date received local registrar) (Registrar's signature)

23. Signature G. S. Hardin (M. D. or other) \_\_\_\_\_  
Address Marshall Mo. Date signed \_\_\_\_\_

50M-5-17-39  
Rev. 5-17-39  
U. S. G. P. 1 X1031

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 1/13/40

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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.....

*Jan. H. Rensis*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Jan. H. Rensis*.....

Licensed Embalmer No. *1171*.....

P. O. Address *Marshall*.....

**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.**