

FILED FEB 20 1940

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

2260

Do not use this space.

## 1. PLACE OF DEATH

(a) County Dunklin Registration District No. 288  
 (b) Township \_\_\_\_\_ Primary Registration District No. 4172  
 (c) City Kennett or \_\_\_\_\_  
 (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

Charlie Harsey Brown - 650  
 (a) Residence, No. E. Third St. 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-9-1891

7. AGE YEARS 48 MONTHS 10 DAYS 15 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

12. BIRTHPLACE (CITY OR TOWN) MS Murry Co - (STATE OR COUNTRY) Syncoese

FATHER 13. NAME John Brown

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

17. INFORMANT Minnie E. Brown (ADDRESS) Kennett, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge DATE 1/26-40

19. FUNERAL DIRECTOR (NAME) Paul Salzman (ADDRESS) Kennett, Mo.

20. FILED 1-31 19 40 Thurmond Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24, 19 40

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1939, to Jan. 24, 1940

I last saw him alive on Jan 22, 1940. Death is said to have occurred on the date stated above, at 4 Pm.

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

Carcinoma of Spleen

Date of onset

Other contributory causes of importance: 4/6

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? X-Ray. 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. R. Finell M. D.

(Address) Kennett, Missouri

RECEIVED

District Health Officer No. 2 <sup>60-</sup>

District File Number 240 - 805

Date Filed 2/13/40

**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.....

....., Registered Apprentice No. ~~2556~~  
working under my personal supervision.

Signed S. P. Salmon

Licensed Embalmer No. 2556

P. O. Address Kennett, 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.**