

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **2819**
Registrar's No. **6**

Registration District No. **441** Primary Registration District No. **4259**

1. PLACE OF DEATH:

(a) County **Knox**
(b) City or town **Edina**
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community **62 yrs 11 months 9 days**
years, months or days)

3. (a) PRINT FULL NAME **Edwin Sever Brown**

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex **M.** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Nellie Fisher Brown** 6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **Feb. 14 1877**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 II 9
hr. min.

9. Birthplace **Edina, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Dentist**

11. Industry or business

12. Name **Ed. J. Brown**

13. Birthplace **York, Co. Penn.**
(City, town, or county) (State or foreign country)

14. Maiden name **Amelia I. Sever**

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

16. (a) Informant **Mrs. Ed J. Brown**

(b) Address **Edina Missouri**

17. (a) **Burial** (b) Date thereof **Jan-26-1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Edina, Mo.**

18. (a) Signature of funeral director **Karl Hudson**

(b) Address **Edina Missouri**

19. (a) **Jan 25 1940** (b) **Mrs. C.M. Smith**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Knox**

(c) City or town **Edina**
(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 **Jan** day **23**
year **1940** hour **8 A.M.** minute M.

21. I hereby certify that I attended the deceased from **Dec 1 1939** to **Jan 23 1940**
that I last saw him alive on **Jan 22 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis**

Due to **Ischaemic Nephritis**

Due to **Coronary Sclerosis**

Other conditions **54**
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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. S. Luman** (M. D. or other)

Address **Edina Mo** Date signed **Jan 26 1940**

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 2-40-290

Date Filed FEB 5 1940

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

Keith Hudson

Licensed Embalmer No.

2415

P.O. Address

Edina, Miss

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.