DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15799

MAY 13 1940

Registration District No. 689

Primary Registration District No. 3033

Registrar's No.

1. PLACE OF DEATH:
(a) County: Pike
(b) City or town: Louisiana Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pike County Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)
In this community: 65

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pike
(c) City or town: Curryville
(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.

3. (a) PRINT FULL NAME: Thomas Frank Brown
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: Fannie Brown
6. (c) Age of ~~husband or~~ wife if alive: 73 years
7. Birth date of deceased: March (Month) 8 (Day) 1863 (Year)

8. AGE: Years 77 | Months 1 | Days 2 | If less than one day: hr. min.

9. Birthplace: Pike County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired - farmer
11. Industry or business: Farm
FATHER
12. Name: William Brown
13. Birthplace: (City, town or county) N. Carolina (State or foreign country)
MOTHER
14. Maiden name: Elizabeth Sisson
15. Birthplace: (City, town, or county) Virginia (State or foreign country)
16. (a) Informant's own signature: Fannie J. Brown
(b) Address: Curryville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 12-1940 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: Curryville Cemetery
18. (a) Signature of funeral director: W. B. Elmore
(b) Address: Bowling Green Mo
19. (a) April 12/40 (Date received local registrar) (b) F. C. Haley (Registrar's signature) M. D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 10 year: 1940 hour: 6 minute: 55 a. M.
21. I hereby certify that I attended the deceased from: apr. 8/40, 19..., to: apr. 10, 1940, that I last saw him alive on: apr. 9, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of prostate — Duration
Due to:
Due to: 51
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations:
Of autopsy:

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? (Specify type of place)
While at work (e) Means of injury:
23. Signature: E. J. Brummond (M. D. or other)
Address: Date signed:

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE—FOR USE OF CITY OR COUNTY BLACK INK—MAKE A PERMANENT RECORD

Form 1 X19511

RECEIVED
District Health Officer No. 10
District File Number 5-40-953
Date Filed MAY 8 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 W. B. Elmore

Licensed Embalmer No. 3466

P. O. Address Bowling Green Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.