

JUN 10 1945

Registration District No. _____

Primary Registration District No. 1001

State File No. _____

Registrar's No. 540

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 71 years 5 months 22 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits write "RURAL")
(d) Street No. 1416 S. 6th
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th
year 1940 hour 7 minute 15 A.M.
21. I hereby certify that I attended the deceased from May 6-40
_____ 19____ to May 10 1940
that I last saw him alive on May 10 1940
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME JOSEPH J. BROWN 657

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 18th 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 5 22 hr. min.

9. Birthplace St. Joseph Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Sarg. of Arms Mo. Senate 5

11. Industry or business _____

12. Name Patrick Brown 5

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

14. Maiden name Margaret Winston

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

16. (a) Informant Miss Nellie Brown

(b) Address 1416 S. 6th St. Joseph

17. (a) burial (b) Date thereof May 13 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director FLEEMAN & SON, INC.

(b) Address 1946 Calhoun St. Joseph

19. (a) J. J. [Signature] (b) A. J. [Signature]
(Date received local registrar) (Registrar's signature)

Immediate cause of death Obstruction of Colon
Due to Malignant Tumor
Due to _____
Other conditions Hx
(Include pregnancy within 3 months of death)
Major findings: none
Of operations _____
Of autopsy refused

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?
85 (Specify type of place) ✓
While at work? (a) Means of injury _____
23. Signature Walter [Signature] (M. D. or other) 1
Address Justice [Signature] Date signed _____

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

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 C. G. Swan

Licensed Embalmer No. 4082

P. O. Address St. Joseph

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.