

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

18955
State File No. 72
Registrar's No.

Registration District No. 117 Primary Registration District No. 5167

1. PLACE OF DEATH:
(a) County Candover
(b) City or town Candover
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 10 years years, months or days)

3. (a) PRINTED FULL NAME MRS. EMMER BROWN
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Daniel Brown Brown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 14 1881 (Month) (Day) (Year)

8. AGE: Years 59 Months 1 Days 11 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Huchens
13. Birthplace Pike Co Mo (City, town, or county) (State or foreign country)

14. Maiden name Hall 15. Birthplace Hall (City, town, or county) (State or foreign country)

16. (a) Informant's own signature LEONA W. HITT
(b) Address Candover Mo

17. (a) Burial (b) Date thereof May 17 1940 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roch Cem

18. (a) Signature of funeral director Barbara Woolery
(b) Address Candover Mo

19. (a) June 10 1940 (b) Emmer Brown (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Candover
(c) City or town Candover (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? Life years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 15 1940
year 1940 hour 5 minute 0 P. M.
21. I hereby certify that I attended the deceased from May 10, 1940, to May 15, 1940
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, Toxic, Bronchitis, acute
Due to _____
Due to 1940
Other conditions (Include pregnancy within 3 months of death) none

Major findings: Of operations none
Of autopsy none
PHYSICIAN _____ Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO
(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? NO

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

28. Signature E. C. Pachon (Date or other)
Address Candover Mo Date signed 4/16/40

RECEIVED
District Health Officer No. 1
District File Number 6-40-888
Date Filed 6-40-888

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 Abbi Banks Woolery
Licensed Embalmer No. 2488
P. O. Address Hamden, M.

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.