DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21027

Registration District No. 4 FILED JUL 1 1940

Primary Registration District No. 3001

Registrar's No. 158

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirksville (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Grim Smith (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Adair

(c) City or town Collinsville (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 RANDOLPH ALEXANDER BROWN

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Ida May

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Jan (Month) 1 (Day) 1859 (Year)

8. AGE: Years 81 Months 5 Days 24 If less than one day ____ hr. ____ min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Alexander Brown
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Abigail Custer
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Alex Brown.

(b) Address Kirksville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-27-40 (Month) (Day) (Year)

(c) Place: burial or cremation Novinger

18. (a) Signature of funeral director Summers Flowchange

(b) Address Kirksville Mo.

19. (a) 6-27-40 (Date received local registrar) (b) Spencer L. Meeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 25th day ~~June~~ 25th year 1940 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 21st, 1940 to June 25, 1940; that I last saw him alive on June 25, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Postoperative shock	4 days
Due to Right inguinal & femoral hernia strangulated	5 days
Due to	
Other conditions Hypertension 285/120 at time of Op (Include pregnancy within 3 months of death)	Unknown

Major findings:
Of operations Strangulated right inguinal & rt femoral hernias
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 George E. Grim (M. D. or other) MD

Address Kirksville, Missouri Date signed 6-25-40

(Licensed Embalmer's Statement on Reverse Side)

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.

Rev. 5-17-39 I X19311

RECEIVED
District Health Officer No. 10
District File Number 7-40-1440
Date Filed JUL 15 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.....

Licensed Embalmer No.....

P.'O. Address.....

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.