

REC'D OCT 12 1940

Registration District No. 120

Primary Registration District No. 5172

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Candern
 (b) City or town Rural, Russell Twp
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
near Macks Creek Mo.
(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 about 80 years

3. (a) PRINT FULL NAME Thomas Alfred Brown

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

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

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

7. Birth date of deceased Aug 10 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months _____ Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
 { 12. Name unknown
 { 13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)
 { 14. Maiden name unknown
 { 15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature T. A. Brown
 (b) Address Macks Creek Mo.

17. (a) _____ (b) Date thereof Aug 12 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial Macks Creek Cemetery

18. (a) Signature of funeral director H. W. Dyrus acting
 (b) Address Macks Creek Mo.

19. (a) Aug 17 1940 (b) D. J. Myers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Candern
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Macks Creek Mo R.F. D #1
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16
 year 1940 hour 50 minute 55 P. M.

21. I hereby certify that I attended the deceased from Aug 14, 1940, to Aug 16, 1940; that I last saw him alive on Aug 15th, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Face Duration 3 years

Due to _____
 Due to _____

Other conditions _____
(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? Yes
(Specify type of place) (e) Means of injury

23. Signature D. J. Myers M.D. (M. D. or other) _____
 Address Macks Creek Mo. Date signed 8-17-40

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.

52

RECEIVED

District Health Officer No. 9,

District File Number 10-40-1493

Date Filed 10-14-40

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31593

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 120

Primary Registration District No. 5172

Registrar's No.

1. PLACE OF DEATH:

(a) County *Candeur*
(b) City or town *Russell T. P.*
(If outside city or town limits, write "RURAL" and name of township)
(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 years, months or days)

3. (a) PRINT FULL NAME *Thomas Alfred 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 *wid*

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years *80* Months Days If less than one day min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (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 *Aug* day *16*
year *1940* hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death *Carcinoma of face*
Primary site was left ear

Due to
Due to

Other conditions (Include pregnancy within 3 months of death) *50*

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) (c) Means of injury

23. Signature *H. T. Meyers* (M. D. or other)

Address *Wacker Creek* Date signed

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

