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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32635

Registration District No. 694 Primary Registration District No. 7352 5 788/13 Registrar's No. 15

1. PLACE OF DEATH:

(a) County Montgomery Co. Louisiana
(b) City or town Bluffton, Mo. RFD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
XX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. XX
In this community About 26 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Montgomery
(c) City or town Bluffton, Mo. RFD
(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.? XX years.

3. (a) PRINT FULL NAME Charles Brown.

3. (b) If veteran, name war. XX 3. (c) Social Security No. XX

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Virginia W. Brown. 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased July 8th - 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 12 If less than one day hr. _____ min.

9. Birthplace Pawnesville, Lincoln Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John F. Brown. 13. Birthplace Unknown - Virginia.
(City, town, or county) (State or foreign country)

14. Maiden name Ann Reynolds. 15. Birthplace Unknown Virginia.
(City, town, or county) (State or foreign country)

16. (a) Informant Lenna Jane Brown
(b) Address Bluffton, Mo.

17. (a) Burial (b) Date thereof Sept 22-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bethony.

18. (a) Signature of funeral director Paul Patton
(b) Address Americus, Mo.

19. (a) 9-21-1940 (b) Lenna Lee Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20th
year 1940 hour 2 minute 5 P. M.

21. I hereby certify that I attended the deceased from Sept. 20th 1940 to Sept. 20 1940
that I last saw him alive on Sept. 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, broncho, right and left lower lobes

Due to Bronchitis, acute suppurative

Due to _____
Other conditions (Include pregnancy within 3 months of death) 107A

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

23. Signature Bull Manafas (M. D. or other) _____
*Address Montgomery City, Mo Date signed 9-21-40

Duration
4 days
4 days
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 _____

D. B. Baker

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

D B Baker

Licensed Embalmer No. 3375

P. O. Address Americus, Mo.

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

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