

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

39959

Do not use this space.

1. PLACE OF DEATH

(a) County Stone Registration District No. 842
(b) Township Pierce Primary Registration District No. 6104
(c) City Stone or Stone (d) Street No. 2 (If death occurred in Hospital or Institution, write its name instead of street and number) St. Stone
(e) Length of residence in city or town where death occurred yrs. mos. ds. 2 How long in U. S., if of foreign birth? yrs. mos. ds. 2

2. PRINT FULL NAME

(a) Residence, No. Stone mo 0 St. Stone (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Brown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28 - 1878
7. AGE YEARS 62 MONTHS 0 DAYS 10 If LESS than 1 day, ... hrs. or min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laber
9. Industry or business in which work was done, as saw mill, bank, etc. Laber
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Clifford Braun 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 7
MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Bill Farrow
(ADDRESS) Stone mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Stone mo DATE 8-11 1940

19. FUNERAL DIRECTOR (NAME) George H. Manning
(ADDRESS) Stone mo

20. FILED 10-20 1940 Mrs Ethel Duggett
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-10 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 - 1940, to Aug 10 - 1940
I last saw him alive on Aug 10 1940 Death is said to have occurred on the date stated above, at 10:30 P.M.
The principal cause of death and related causes of importance were as follows:

Hepatic Carcinoma Date of onset 7-1-40
46
Other contributory causes of importance: muscular atrophy 3-1-40

Name of operation None Date of None
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H. P. Kerr J. M. D.
(Address) Stone mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

RECEIVED

District Health Commission

District File Number 1240-2990

into File No. DEC 1 1946 DEC 10 1946

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.