DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42192

Registration District No. 201 Primary Registration District No. 5280 Registrar's No. 85

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Rural Liberty R#3 (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 years, months or days) In this community 21 years 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

(c) City or town Liberty, Route #3 (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 Thomas A. Brown

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of ~~husband or~~ wife Mary Jane Brown

6. (c) Age of ~~husband or~~ wife if alive 78 years

7. Birth date of deceased Dec. 6 (Month) 1848 (Day) (Year)

8. AGE: Years 92 Months 0 Days 15 If less than one day ____ hr. ____ min.

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

10. Usual occupation Watchman at State years 1

11. Industry or business Retired 22 years 7

FATHER
12. Name Unknown 7
13. Birthplace ✓ (City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature E. A. Brown

(b) Address 1034 - E. 24th St. North Kansas City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 24-1940 (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys - K. C. Mo.

18. (a) Signature of funeral director Church - Archer Co.

(b) Address Liberty Mo.

19. (a) Dec. 22-40 (Date received local registrar) (b) Helen Early (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21 year 1940 hour 8 minute 50 P.M.

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

Immediate cause of death Fractured Hip

Due to ____

Due to ____

Other conditions ____ (Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

Duration

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) accident

(b) Date of occurrence Dec 15 1940

(c) Where did injury occur? Home (City or town) Clay (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Fell in Basement - Fractured Hip (Specify type of place)

While at work? yes (e) Means of injury Fall

23. Signature F H Matthews (M. D. ~~or other~~)

Address Liberty Mo Date signed 1/23/40

(Licensed Embalmer's Statement on Reverse Side)

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 Officer No. 8,
District File Number.....
Date Filed 1-6-41

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~~ Edgar Archer, ~~Registered Apprentice No.~~ ..... ~~working under my personal supervision~~.

Signed Edgar Archer

Licensed Embalmer No. 334

P. O. Address Zebulon Mo

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

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