

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2038

Registration District No. 275

Primary Registration District No. 5170 B

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

- (a) County Cassidy Co  
(b) City or town Stoutland Mo (Rural)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Rural English Lutheran  
(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 PAULINA BROWN

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife David H Brown 6. (c) Age of husband or wife if alive ✓ years \_\_\_\_\_  
7. Birth date of deceased July 29 1860  
(Month) (Day) (Year)

8. AGE: Years 80 Months 4 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation house wife

11. Industry or business \_\_\_\_\_

- FATHER { 12. Name John D. Dineat  
13. Birthplace Henry County Tenn.  
(City, town, or county) (State or foreign country)  
MOTHER { 14. Maiden name Lisa M. Simpson  
15. Birthplace Henry County Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature David H. Brown  
(b) Address Stoutland Mo  
17. (a) Burial (b) Date thereof Dec 5 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Brown Cemetery  
18. (a) Signature of funeral director Wingfield  
(b) Address Stoutland Mo  
19. (a) Jan 23, 1941 (b) Mrs. Mae Paul Mooney  
(to received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Cassidy  
(c) City or town English Lutheran  
(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 Dec day 2 year 1940 hour 11 P.M. minute \_\_\_\_\_  
21. I hereby certify that I attended the deceased from Nov 29 to Dec 2, 1940  
that I last saw her alive on Dec 2nd, 1940  
and that death occurred on the date and hour stated above.  
Immediate cause of death Branches Pneumonia Duration 3 days

- Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

- Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
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? ✓  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature J. E. Carstays (M. D. or other) ✓  
Address Stoutland Mo Date signed 12-23-40

RECEIVED  
District Health Officer No. 7,  
District File Number 2-41-197  
Date Filed 2-4-41

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

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed

*Obbie Benson Wool*

Licensed Embalmer No.

2488

P. O. Address

*Camden, N. J.*

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.