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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3586

FEB 25 1941

Registration District No. 607

Primary Registration District No. 5806

Registrar's No. 9

1. PLACE OF DEATH:

(a) County New Madrid

City or town Portageville Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: At Home Dr. [illegible]
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether

In this community about 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County New Madrid

(c) City or town Rural Portageville 72
(If outside city or town limits, write "RURAL")

(d) Street No. 8
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Allie Brown

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Martha Brown

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased about 1883 - 6 - 27
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
about 57		6	27	hr. min.

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

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name John Brown
13. Birthplace Birksville, Ky.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Cally Smith
15. Birthplace Birksville Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Maratha Brown
(b) Address Portageville MO R-1

17. (a) (Burial, cremation, or removal) (b) Date thereof 7 25 41
(Month) (Day) (Year)

(c) Place burial or cremation Portageville

18. (a) Signature of funeral director R M Payne
(b) Address Portageville MO

19. (a) Feb 24, 1941 (b) Mary W. Cook
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from Jan. 23, 1941, to Jan. 24, 1941;
that I last saw him alive on Jan. 24, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart failure (Chr. Myocarditis)	7
Due to Asthma	7
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?
(Specify type of place)
While at work (e) Means of injury

23. Signature John J. Killeen (M. D. or other)
Address Portageville Mo Date signed 1-25-41

(Licensed Embalmer's Statement on Reverse Side)

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, fact should be so stated above.