

5-17-39
I X23159

Registration District No. 898

Primary Registration District No. 6204

State File No. _____

Registrar's No. 2

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

1. PLACE OF DEATH:
(a) County Webster
(b) City or town Bural - S. Dallas Twp.
(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)
In this community 18 mo's. years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Webster
(c) City or town Bural
(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 MELVIN McVEIGH BROWN

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month Jan day 16
year 1941 hour 2 minute 30 A. M.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased May 20 1922
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-11-41, 1941, to 1-16-41, 1941
that I last saw him alive on 1-16-41, 1941; and that death occurred on the date and hour stated above.

8. AGE: Years 18 Months 7 Days 26
If less than one day _____ hr. _____ min

Immediate cause of death Basilar fracture of skull Duration 13 da
Due to _____
Due to _____

9. Birthplace Haselle, Ark.
(City, town, or county) (State or foreign country)

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

10. Usual occupation Farm boy

Major findings: Of operations _____

MOTHER FATHER
11. Industry or business _____
12. Name Willie Brown
13. Birthplace Leslie, Ark.
(City, town, or county) (State or foreign country)
14. Maiden name Bertie Cantrell
15. Birthplace Ark.
(City, town, or county) (State or foreign country)

Of autopsy ✓
Underline the cause to which death should be charged statistically.

16. (a) Informant Willie Brown
(b) Address Seymour St #3

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident (car)
(b) Date of occurrence 1-3-41

17. (a) Burial (b) Date thereof 1-17-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Centry Cem.

(c) Where did injury occur? U.S. Highway 66 - Alcross, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
827 PUBLIC HIGHWAY
(Specify type of place)

18. (a) Signature of funeral director Kelley-Fryell
(b) Address Fordland Mo.

(e) Means of injury _____
While at work? _____

19. (a) Jan. 17-40 (b) Lester W. Good
(Date received local registrar) (Registrar's signature)

23. Signature Howard J. Martin M. D. or other _____
Address Fordland Mo. Date signed 1-17-41

176c
98

RECEIVED

District Health Officer No: 6

141-229

District File Number

FEB 7 1941

Date Filed

81
100000

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 H H Kelley
Licensed Embalmer No. 3334

P. O. Address Seymour Ave

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4759

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 898

Primary Registration District No. 6204

Registrar's No.

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

1. PLACE OF DEATH
(a) County Webster
(b) City or Town Dallas T.P.
(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 _____
In this community _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Melvin McVeigh Brown

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

4: Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 18 Months 7 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) _____ (Day) _____ (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (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.

20. DATE OF DEATH: Month Jan day 16 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____; that last saw h. _____ alive on _____ 19 _____; and that death occurred on the date and hour stated above.

Immediate cause of death Basilar fracture of skull Duration _____

The auto in which Brown was riding ran into the rear of another auto on U.S. Highway 66 near Albatross, Mo

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) accident

(b) Date of occurrence 1-3-1941

(c) Where did injury occur Albatross mo (City or town) _____ (County) _____ (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature Howard J Mason M. D. or other D.O.

Address Fordland Mo Date signed 4-12-41

SUPPLEMENTARY

