No. 2
11-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6377 2

FILED MAR 20 1941

Registration District No. 84 Primary Registration District No. 185/25 Registrar's No.

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

1. PLACE OF DEATH:

(a) County BUCHANAN

(b) City or town ~~RUSHVILLE~~ (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.F.D. 1 (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 19 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BUCHANAN 11

(c) City or town RUSHVILLE RURAL 0 (If outside city or town limits write "RURAL")

(d) Street No. 0 (If rural, give location)

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

3. (a) PRINT FULL NAME LUKE M. BROWN

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife LOUISA JANE SNIDER

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

7. Birth date of deceased DEC. 25 1845 (Month) (Day) (Year)

8. AGE: Years 95 Months 1 Days 26 If less than one day hr. min.

9. Birthplace RUSHVILLE (City, town, or county) 0 MISSOURI (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

MOTHER FATHER

12. Name WARD BROWN

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

14. Maiden name ELIZABETH ANKRUM

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

16. (a) Informant Mrs Leona Van Hoozier

(b) Address RUSHVILLE, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-23-1941 (Month) (Day) (Year)

(c) Place: burial or cremation SEDAN, KANSAS

18. (a) Signature of funeral director Wm Glenton

(b) Address Atchison, Kan

19. (a) 2-22-1941 (Date received local registrar) (b) L. F. Ziegler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 20TH day FEBRUARY year 1941 hour minute M.

21. I hereby certify that I attended the deceased from Feb 19 1941, 19, to, 19; that I last saw him alive on Feb 19, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Due to	
Due to senility	
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 A. Sharp (M. D. or other) 0

Address Rushville Mo Date signed Feb 22

(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 wit the above constitutes grounds for revocation of license.)

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