

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 22

Filed MAR 24 1941

Registration District No. 607 Primary Registration District No. 5806

1. PLACE OF DEATH: New Madrid

(a) County _____
 (b) City or town Portageville, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
 (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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid
 (c) City or town Portageville, Mo.
 (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 Baby Brown
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
 year 1941 hour 8 minute _____ M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 0
 6. (b) Name of husband or wife Infant 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 17 41
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from born 7/13/19 to _____, 19____;
 that I last saw him alive on 7/17/41, 19____;
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
				hr. <u>30</u> min.

Immediate cause of death PREMATURE - 7 mo.
 Duration _____

9. Birthplace New Madrid, Mo. (City, town, or county) (State or foreign country)

Due to Placental detachment
cause unknown
 Due to _____

10. Usual occupation _____

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

11. Industry or business _____

MOTHER FATHER

12. Name Riley Marion Brown
 13. Birthplace New Madrid Co., Mo. (City, town, or county) (State or foreign country)
 14. Maiden name Winn Louise (City, town, or county) (State or foreign country)
 15. Birthplace New Madrid Co Mo (City, town, or county) (State or foreign country)

Major findings: _____
 Of operations _____
 Of autopsy _____

16. (a) Informant's own signature Riley Brown
 (b) Address Portageville Mo

17. (a) Burial (b) Date thereof 3 14 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Portageville

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

18. (a) Signature of funeral director R M Simpson
 (b) Address Portageville Mo

19. (a) Mar. 14, 1941 (b) Mary W. Corle
 (Date received local registrar) (Registrar's signature)

23. Signature A A Reader (M. D. or other) _____
 Address Portageville, Mo Date signed 3/14/41

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

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.

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, above space should be left blank.