No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 21 1941

Registration District No. 361

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4215

State File No. 10802

Registrar's No. 4

1. PLACE OF DEATH:

(a) County: Holt

(b) City or town: Craig (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 years, months or days) In this community: over 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Gasconade

(c) City or town: Gasconade (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME: Orville Chester Brown

3. (b) If veteran, name war: No

3. (c) Social Security No. 383-05-7596

4. Sex: Male

5. Color or race: White

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

6. (b) Name of ~~husband~~ or wife: Jewell Brown

6. (c) Age of husband or wife if alive: around 25 years

7. Birth date of deceased: Nov. (Month) 26 (Day) 1914 (Year)

8. AGE: Years 26 Months 4 Days 1 If less than one day ____ hr. ____ min.

9. Birthplace: Cooper Hill, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Common laborer

11. Industry or business: Garage, Farm, River etc.

FATHER 12. Name: Charles Brown

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

MOTHER 14. Maiden name: Unknown (agness Brown)

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

16. (a) Informant: Mrs Merl Fleming

(b) Address: Craig, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 3-28-41 (Month) (Day) (Year)

(c) Place: burial or cremation: Gasconade

18. (a) Signature of funeral director: Wilber L. Schooler

(b) Address: Craig, Mo.

19. (a) Mar. 28, 1941 (Date received local registrar) (b) Verta Anderson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27th year 1941 hour about 4 minute 20 P.M.

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

Immediate cause of death: Asphyxiation

Due to: Burning bedding

Due to: ____

Other conditions (Include pregnancy within 3 months of death): ____

Major findings: Of operations: ____

Of autopsy: None

Duration

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): Accidental

(b) Date of occurrence: March 27, 1941 - 04

(c) Where did injury occur? Craig, Holt, Mo. (City or town) (County) (State)

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

While at work? No (e) Means of injury: Burning

23. Signature: Olive E. Gebhart M.D. Coroner

Address: Oregon, Mo. Date signed: 3/28/41

(Licensed Embalmer's Statement on Reverse Side)

JUN 22 1956

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 Willer L. Schooler

Licensed Embalmer No. 3997

P. O. Address Craig, Mo

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, fact should be so stated above.