

17-39
X26390

Registration District No. 288 Primary Registration District No. 4172 Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Dunklin
 (b) City or town Kennett (Rural)
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Presnell Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution few Hours
(Specify whether years, months or days)
 In this community 25 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO. (b) County Dunklin 35
 (c) City or town Kennett (Rural) 0
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

(a) PRINT FULL NAME Oliver Adolphus Brown
 3. (b) If veteran, name war _____ 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 26th
 year 1941 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____;
 that I last saw him _____ alive on _____ 19 _____;
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mary Brown 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased April 14 1875
(Month) (Day) (Year)

Immediate cause of death intercranial hemorrhage
fracture of skull
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: (none)
 Of operations _____
 Of autopsy (none)

8. AGE:			If less than one day	
Years	Months	Days	hr.	min.
<u>65</u>	<u>11</u>	<u>12</u>		

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

9. Birthplace Koswinko Miss.
(City, town, or county) (State or foreign country)
 10. Usual occupation farmer

11. Industry or business Farming
 MOTHER FATHER { 12. Name Judson Brown
 13. Birthplace Miss.
(City, town, or county) (State or foreign country)
 14. Maiden name Sarah Fermenter
 15. Birthplace Miss.
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) homicide
 (b) Date of occurrence March 26, 1941
 (c) Where did injury occur? East of Kennett, Dunklin
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
on public Highway 84
 Was at work? NO (Specify type of place) (e) Means of injury Not known

16. (a) Informant W.C. Brown
 (b) Address Kennett Mo. R# 2 Bx 210
 17. (a) Burial (b) Date thereof 3-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Ridge Cemetery

23. Signature _____ (M. D. or other) 3
 Address M. F. Foster, Acting Registrar

18. (a) Signature of funeral director Lentz Service
 (b) Address Kennett Mo.
 19. (a) 5-20-41 (b) Wheeler Brown
(Date received local registrar) (Registrar's signature)

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

RECEIVED
District Health Officer No. 2,
District File Number 641-802
Date Filed 6/11/41

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.....

A. L. Linsdale

Licensed Embalmer No. 818

P. O. Address Kennett Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.