No. 2
4-13-40
5-17-39
1 X23159

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

FILED JUN 5 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17719

Registration District No. 2897 Primary Registration District No. 4173 Registrar's No. 21

1. PLACE OF DEATH: (a) County Dunklin Co Malden
(b) City or town — (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 ____

2. USUAL RESIDENCE OF DECEASED: (a) State Mo (b) County Dunklin
(c) City or town Malden (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.? 0 years.

3. (a) PRINT FULL NAME George Paytor Brown
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased May (Month) 5 (Day) 1872 (Year)
8. AGE: Years 69 Months 0 Days 22 If less than one day ____ hr. ____ min.
9. Birthplace Nashville (City, town, or county) Tenn (State or foreign country)
10. Usual occupation Farming
11. Industry or business
MOTHER FATHER
12. Name Joseph Brown
13. Birthplace ____ (City, town, or county) Tenn (State or foreign country)
14. Maiden name Elizabeth Grisson
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs. Ethel Anderson
(b) Address Malden
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Malden
18. (a) Signature of funeral director Van Craig
(b) Address
19. (a) 5/28/1941 (Date received local registrar) (b) S. E. Mitchell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1941 hour 1 minute P M.
21. I hereby certify that I attended the deceased from May 7, 1941, to May 27, 1941; that I last saw him alive on May 27, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Perforation of Colon; Peritonitis	18 hrs
Due to: Ulceration Colitis	8 mo
Due to:	
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 Homer Bree M D (M. D. or other)
Address Malden Mo Date signed 5/28/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2
District File Number 641 - 702
Date Filed 6/4/41

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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