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FILED JUN 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18272

Registration District No. 470 470

Primary Registration District No. 2683

Registrar's No. 83

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

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mount Vernon, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1352 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe
(c) City or town Madison
(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 _____

3. (a) PRINT FULL NAME Thomas Franklin Brown

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased: January 11 1900
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>41</u>	<u>4</u>	<u>16</u>	hr. _____ min.

9. Birthplace Madison, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Agriculture

12. Name Robert Lee Brown

13. Birthplace Madison, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Flora Hayden

15. Birthplace Madison, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel McMichael, Record Clerk
(b) Address Mo. S. Sanatorium, Mt. Vernon

17. (a) Madison, Mo. Date thereof 5/28/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Madison, Mo.
18. (a) Signature of funeral director Geo B Orr
(b) Address White Mountain, Mo.
19. (a) 5-28-1941 (b) P.A. Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1941 hour 11 minute 40 p. M.

21. I hereby certify that I attended the deceased from Sept. 13 1937 to May 27 1941
that I last saw him alive on 5-27-41, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pulmonary tuberculosis Duration 8 1/2 yrs

Due to _____
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? _____

While at work? 421 (Specify type of place)
(a) Means of injury _____

23. Signature [Signature] (M. D. or other) MD
Address mt Vernon, Mo. Date signed 5-28-41

RECEIVED

District Health Officer No. 6,

District File Number 1041-889

JUN 6 1941

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 Geo. B. Quinn
Licensed Embalmer No. 946
P. O. Address 7th Street

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, fact should be so stated above.