

No. 2
1-4-41
4-17-39
X26390

FILED JUL 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22537

State File No. _____

Registration District No. 743

Primary Registration District No. 6237

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Fishing River Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
9 miles N. W. of Orrick
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community entire life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 9 miles N. W. of Orrick
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lewis Oliver Brown

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

4. Sex Male 5. Color or race wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Antelia Brown
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased June 22 1874
(Month) (Day) (Year)

8. AGE: Years 61 Months 11 Days 21
If less than one day hr. min.

9. Birthplace Ray County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER FATHER { 12. Name Henry Brown
13. Birthplace Germany Germany
(City, town, or county) (State or foreign country)
14. Maiden name Anna O'Neil
15. Birthplace Ray Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Henn Brown
(b) Address Topeka Kans

17. (a) Burial (b) Date thereof 6 15 '41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation O'Neil cemetery

18. (a) Signature of funeral director Tibon T. Son

(b) Address Orrick Mo

19. (a) JUN 14 1941 (b) W. Campbell, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1941 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from May 9, 1941 to June 13, 1941
that I last saw him live on June 11, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Due to Chronic hepatitis
Due to Hypertensive heart disease
Cerebral hemorrhage
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(b) Date of occurrence None
(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?

6107 (Specify type of place) While at work? (e) Means of injury

23. Signature W. Campbell (M. D. or other) M.D.
Address Orrick, Mo. Date JUN 14 1941

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

9
0
0

RECEIVED
District Health Officer No. 8,
District File Number: 4-7-41
Date Filed 4-7-41

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..... *E. C. Libson*.....
Licensed Embalmer No. *4137*.....
P. O. Address..... *Crick, Mo*.....

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.