

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24486**

FILED AUG 25 1941 73

Primary Registration District No. **30-06**

Registrar's No. **194**

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

1. PLACE OF DEATH:

(a) County, Boone

(b) City or town, Columbia

(c) Name of hospital or institution: Ellis Frachel State Cancer
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution, 11 days
(Specify whether 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State, Mo (b) County, Lewis **056**

(c) City or town, Ewing **0**
(If outside city or town limits, write "RURAL")

(d) Street No., R # 1
(If rural, give location)

(e) If foreign born, how long in U. S. A., 1 years.

3. (a) PRINT FULL NAME, Nim Melvin Brown

(b) If veteran, name war, -

3. (c) Social Security No., no

4. Sex, M 0

5. Color or race, white

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

6. (b) Name of husband or wife, Maebel Brown

6. (c) Age of husband or wife if alive, 44 years

7. Birth date of deceased, Feb 4 1898
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>48</u>	<u>5</u>	<u>15</u>	hr. min.

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

10. Usual occupation, Farmer

11. Industry or business

MOTHER FATHER

12. Name, James A. Brown

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

14. Maiden name, Annanda Lee

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

16. (a) Informant, Hospital Records

(b) Address, Columbia, Mo

17. (a) Funeral (b) Date thereof, July 20 '41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation, Ewing, Mo

18. (a) Signature of funeral director, [Signature]

(b) Address, Columbia, Mo

19. (a) 7/28/41 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1941 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 9, 1941, to July 19, 1941;
that I last saw him alive on July 19, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death, Pulmonary embolism

Due to, postoperative **4 days**

Due to, 46

Other conditions, Carcinoma of
(Include pregnancy within 6 months of death)

Major findings, rectum

Of operations, carcinoma of

Of autopsy, Pulmonary embolism

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? (Specify type of place)

(e) Means of injury

23. Signature, Eugene M. Bricker (M. D. or other) **Am H**
Address, Ellis Frachel St. Columbia, Mo Date signed, 7/19/41

AUG 25 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

M. N. Whitaker

Licensed Embalmer No.

3898

P. O. Address

Columbia

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.