

S. No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28533
Registrar's No. 138

FILED SEP 12 1941

Registration District No. 400

Primary Registration District No. 655313

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Lewis Summit
(c) Name of hospital or institution: R.F.D. 3 Prairie View
(d) Length of stay: In hospital or institution 25 yrs 1
In this community 25 yrs 1

8. (a) PRINT FULL NAME Andrew Judson Brown
(b) If veteran, name war NO
(c) Social Security No. NO

4. Sex MO 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lydia May Brown
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Sept - 6 - 1867

8. AGE: Years 73 Months 11 Days 2
If less than one day hr. min.

9. Birthplace Winslow Ind.

10. Usual occupation Farm

11. Industry or business Farm

MOTHER FATHER { 12. Name Thomas Brown
13. Birthplace unknown
14. Maiden name Will Meloney
15. Birthplace Scotland

16. (a) Informant Mrs Lydia May Brown
(b) Address Lewis Summit Mo R.F.D.

17. (a) Burial (b) Date thereof 8-11-41
(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director N.B. Langford
(b) Address Lewis Summit Mo.

19. (a) 8-10-41 (b) Paul S. Cairns
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Lewis Summit
(d) Street No. R.F.D. 3
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8th
year 1941 hour 9 minute 50 P. M.

21. I hereby certify that I attended the deceased from July 7
28 to Aug 8, 1941
that I last saw him alive on Aug 8, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Inf. of R. foot
with Wrecked
Due to Inf. of R. foot
Due to Trauma of R. foot
Other conditions: on July 27th!

Duration 18 hrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings:
Of operations
Of autopsy

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? 040
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? No (Specify type of place) (e) Means of injury h
23. Signature J. H. Haffner (M. D. or other)
Address Raytown Mo Date signed 8-9-41

932 (Licensed Embalmer's Statement on Reverse Side)

SEP 17 1941

SEP 19 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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28533

Registration District No. 400

Primary Registration District No. 5553

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Lee Summit
(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 _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Andrew J. Brown
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased Sept 6 1941
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days _____
(If less than one day _____ min.)

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

10. Usual occupation _____
11. Industry or business _____

12. Name _____
13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day 11 Year 1941 hour _____ minute _____ M.

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

Immediate cause of death Injury of R foot with uremia Duration _____

Due to Injury of R foot

Due to Uremia of R foot on July 27

Other conditions See notes requested
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, Calif stepped on
(b) Date of occurrence 7-26-41 048 foot

(c) Where did injury occur? R3 Summit Jackson Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home in barnyard
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

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

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

5-28533