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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31469**

FILED OCT 9 1941

Registration District No. **B 88**

Primary Registration District No. **5406**

Registrar's No. **22**

1. PLACE OF DEATH:

(a) County Deuklier

(b) City or town Rural
(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 3/17/40
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Deuklier

(c) City or town Kennett RFD No 2 (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. 35
(If rural, give location) D

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME **CHARLES ROBERT BROWER**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6th
year 1941 hour 1 PM minute _____ M.

21. I hereby certify that I attended the deceased from Sept. 23rd
1941 to Oct 6th 1941;
that I last saw him alive on Oct 6th 1941;
and that death occurred on the date and hour stated above.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced S 1

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

7. Birth date of deceased 3-17-40
(Month) (Day) (Year)

8. AGE: Years _____ Months 6 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Kennett R 2 mo D
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Hally Brower

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

14. Maiden name Jessie Sawyer

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

16. (a) Informant E. E. Kowars

(b) Address Kennett R 2

17. (a) removal (b) Date thereof Oct 7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leavenworth

18. (a) Signature of funeral director Kent Farm Co

(b) Address Kennett Mo

19. (a) Oct 6, 41 (b) John Blankenship
(Date received local registrar) (Registrar's signature)

Immediate cause of death Acute Ileo-Colitis

Due to Anhydremia 2

Due to 1/19d

Other conditions Marasmus
(Include pregnancy within 3 months of death)

Duration

3 weeks

10 days

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? _____ (Specify type of place) (e) Means of injury _____

23. Signature John Van Cline (M. D. or other) _____
Address Malden Mo Date signed 10/6/41

991 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

OCT 24 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, fact should be so stated above.