

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35819

Registration District No. 705

Primary Registration District No. 5934

Registrar's No. 9

4  
0  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Polk  
(b) City or town Halfway - North Benton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 85  
(c) City or town Halfway (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9  
year 1941 hour 7 minute 15 A.M.  
21. I hereby certify that I attended the deceased from July 1939 to Oct 9th 1941  
that I last saw him alive on Oct 5 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy  
Duration 10 days

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 830

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Perry C. Brown

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Dellar Brown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: February 14 1864  
(Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name John Brown  
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

FATHER { 14. Maiden name Driscoll  
15. Birthplace North Carolina (City, town, or county) (State or foreign country)

16. (a) Informant Wyneth Brown  
(b) Address Halfway Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 10-41 (Month) (Day) (Year)  
(c) Place: burial or cremation Pleasant Hill

18. (a) Signature of funeral director Dutcheson & Co  
(b) Address Bolivar Missouri

19. (a) 10-11-41 (Date received local registrar) (b) Mary Kameel (Registrar's signature)

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?  
(Specify type of place) \_\_\_\_\_ (e) Means of injury 0

23. Signature Doyle McCraw (M. D. or D. V. M.)  
Address Bolivar Date signed 10/11/41

RECEIVED

District Health Officer No. 7,

District File Number 11-41-1782

Date Filed 11-3-41

**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 Frank Grable Jr.

Licensed Embalmer No. 4140

P. O. Address Balwar, Md

**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.**