

No. 2  
1-4-41  
-17-39  
X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 36427

FILLED NOV 11 1941

Registration District No. 907

Primary Registration District No. 4548

Registrar's No. 14

1. PLACE OF DEATH:

(a) County WRIGHT  
(b) City or town MANSEFIELD, MO.  
(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. 34 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME AUSTIN EVERETT BROWN

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

4. Sex MALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced UNMARRIED  
6. (b) Name of husband or wife MARGARET BLANTON BROWN 6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased JANUARY 25 1881  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>8</u>	<u>18</u>	hr. min.

9. Birthplace NOT KNOWN / ARKANSAS  
(City, town, or county) (State or foreign country)

10. Usual occupation JUSTICE OF PEACE

11. Industry or business

MOTHER FATHER { 12. Name CAVIN BROWN  
13. Birthplace NOT KNOWN / TENN.  
(City, town, or county) (State or foreign country)  
14. Maiden name: LISA FERGUSON  
15. Birthplace NOT KNOWN / TENN.  
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Brown  
(b) Address MANSEFIELD MO.

17. (a) BURIAL (b) Date thereof OCT 16 - 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hensley Cemetery

18. (a) Signature of funeral director Geo. Stiff  
(b) Address MANSEFIELD MO.

19. (a) OCT 20, 1941 (b) J. M. D. Short  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WRIGHT  
(c) City or town MANSEFIELD  
(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 OCT day 13  
year 1941 hour 9 minute 41 A.M.

21. I hereby certify that I attended the deceased from OCT 3, 1941, to OCT 13, 1941;  
that I last saw him alive on OCT 13, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Dissection - Decompensting Myocardial Infarction  
Duration 6 Mo

Due to  
Due to

Other conditions Diabetes mellitus  
(Include pregnancy within 3 months of death) 8/18/41

Major findings:  
Of operations 61  
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 0

23. Signature J. A. Farrow (M. D. or other)  
Address Mansefield Mo. Date signed 10-14-41

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

RECEIVED -

District Health Officer No. 6,

District File Number 111-1682

Date Filed NOV 7 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.....

*F. A. Steffe*  
.....  
Licensed Embalmer No. 3221

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.**