

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38271

DEC 15 1941

Registration District No. 304

Primary Registration District No. 5421

State File No. 48

Registrar's No. 304

1. PLACE OF DEATH: Gasconade
(a) County Gasconade
(b) City or town Gasconade
(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 30 years
(Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME JOHN WALTER 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 Katherine Brown 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased August 23 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 2 24 hr. min.

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

10. Usual occupation General Laborer

11. Industry or business

12. Name George Brown

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

14. Maiden name Mary Haines

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

16. (a) Informant Mrs. Katherine Brown

(b) Address Gasconade, Missouri

17. (a) Burial (b) Date thereof 11/20/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gasconade City Cem.

18. (a) Signature of funeral director Hugo H. Blumer

(b) Address Hermann, Missouri

19. (a) 11-26-41 (b) F. L. Ricker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gasconade
(c) City or town Gasconade
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 17
year 1941 hour 3 minute 35 M.

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

Immediate cause of death
Died without medical attention
Probably due to coronary
thrombosis

Due to

Other conditions
(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, 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 W. J. Peter, Coroner (M. D. or other)

Address Hermann, Mo Date signed

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

(Licensed Embalmer's Statement on Reverse Side)

DEC 29 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. 3160

P. O. Address Hermann, Missouri

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.