

No. 2
4-13-40
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X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39081

DEC 22 1941 677
Registration District No.

Primary Registration District No. 4403

State File No.

Registrar's No. 149

1. PLACE OF DEATH:
 (a) County: Phelps
 (b) City or town: Rolla
 (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)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Mo (b) County: Phelps
 (c) City or town: Vessie Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No.: 2
 (If rural, give location) 0
 (e) If foreign born, how long in U. S. A. ? years.

3. (a) PRINT FULL NAME: Marion Francis Brown

3. (b) If veteran, name war. (c) Social Security No. 489-16-0964

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

6. (b) Name of husband or wife: Frances Brown (c) Age of husband or wife if alive: years

7. Birth date of deceased: Sept. 9, 1876 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	1	19	hr. min.

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

10. Usual occupation: Farming

11. Industry or business:

12. Name: James R. Brown

13. Birthplace: Phelps Mo (City, town, or county) (State or foreign country)

14. Maiden name: James Baker

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

16. (a) Informant: Mrs. Frances Brown (b) Address: Vessie Mo

17. (a) Burial, cremation, or removal: Burial (b) Date thereof: Oct 31, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Greenlawn Cem

18. (a) Signature of funeral director: J. M. Miller (b) Address: Rolla Mo

19. (a) Oct 31, 1941 (Date received local registrar) (b) Joe F. Oyles (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct day: 31 year: 1941 hour: 6 minute: 30 P.M.

21. I hereby certify that I attended the deceased from 19 to 19 and that I last saw him dead on Oct. 31, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Exposure from fall of Rolla on Frisco R.R. and being in ditch filled with water, fell and rolled approx 50 ft, and died
 Due to: soon after arrival at Hospital

Other conditions: (Include pregnancy within 3 months of death) 1860

Major findings: Of operations: 21

Of autopsy: It was not necessary to hold an inquest

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify): Accident
 (b) Date of occurrence: Oct. 31 - 1941
 (c) Where did injury occur?: West of Rolla Mo (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? No. P.P. Cut West of Rolla
 While at work? No (Specify type of place) (e) Means of injury: Fall
 23. Signature: J. S. Miller coroner (M.D. or other)
 Address: 309 Cedar Date signed: 11/2/41

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

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

MOTHER FATHER

DEC 29 1940

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.