S. No. 2
10-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 20 1942

Registration District No. 725

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3272

Primary Registration District No. 4433

Registrar's No. 2

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

87
U
U

1. PLACE OF DEATH:

(a) County: Ralls.

(b) City or town: Perry, Missouri. Rur

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Perry, Missouri. /

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)

In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Ralls. 87

(c) City or town: Perry, Missouri. U

(If outside city or town limits, write "RURAL")

(d) Street No. ____ U

(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: George W. Brown

3. (b) If veteran, name war: ____

3. (c) Social Security No.: None.

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married.

6. (b) Name of husband or wife: Sylvia Brown

6. (c) Age of husband or wife if alive: 64 years

7. Birth date of deceased: March, 8, 1857 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
84	10	9	____ hr. ____ min.

9. Birthplace: Alvon / West Virginia. (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer.

11. Industry or business: Farm

MOTHER FATHER

12. Name: Hamilton G. Brown

13. Birthplace: Alvon / West Virginia. (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name: Rebecca Ann King.

15. Birthplace: Alvon / West Virginia. (City, town, or county) (State or foreign country)

16. (a) Informant: Sylva Brown

(b) Address: Perry, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 19, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Dick Creek Cemetery.

18. (a) Signature of funeral director: Clyde Wilby

(b) Address: Perry, Missouri.

19. (a) ____ (Date received local registrar) (b) ____ (Registrar's signature)

1100

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan. day: 17 year: 1942 hour: 9 minute: 20 A.M.

21. I hereby certify that I attended the deceased from 1-10-42, 19__, to 1-17-, 1942, that I last saw him alive on 1-17-42, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia / Duration

Due to: ____

Due to: ____

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

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: 0

23. Signature: R. E. Sutter (M. D. or other)

Address: Perry, Mo. Date signed: 1-19-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-42-~~[illegible]~~-320
Date Filed _____

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~~ Clyde C. Wilbey, Registered Apprentice No. ~~3~~ working under my personal supervision.

Signed Clyde C. Wilbey

Licensed Embalmer No. 3820

P. O. Address Perry, Mo.

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, above space should be left blank.

No. 2B
—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3272

Registration District No. 725 Primary Registration District No. 4433 Registrar's No.

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

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (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

3. (a) PRINT FULL NAME: George W. Brown
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive Years
7. Birth date of deceased: Mar (Month) 8 (Day) 1858 (Year)

8. AGE: Years 84 Months 10 Days 8 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 7 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
(a) Pneumonia (Lobar)	short
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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)
(b) 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 R. E. Suter (M. D. ~~or other~~)
Address Perry Mo. Date signed 3-5-42

SUPPLEMENTARY