

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 2/59

Primary Registration District No. De Kalb

Registrar's No. 14

1. PLACE OF DEATH

- (a) County De Kalb
(b) City or town King City "Rural"
(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 _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME

HERBERT L. BROWN

3. (b) If veteran, _____

3. (c) Social Security _____

name war _____

No. _____

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife HANNAH BROWN

6. (c) Age of husband or wife if _____

alive _____

years _____

7. Birth date of deceased FEB

(Month)

28

(Day)

1855

(Year)

8. AGE:

Years

Months

Days

If less than one day

87

1

17

hr. _____

min. _____

9. Birthplace

GEORGETOWN DELAWARE

(City, town, or county)

(State or foreign country)

10. Usual occupation

RETIRED FARMER

11. Industry or business

12. Name

UNKNOWN

13. Birthplace

UNKNOWN

9

(City, town, or county)

(State or foreign country)

14. Maiden name

UNKNOWN

15. Birthplace

UNKNOWN

9

(City, town, or county)

(State or foreign country)

16. (a) Informant

WILLIAM L. BROWN

(b) Address

KING CITY MO. RFD #2

17. (a)

REMOVAL

(b) Date thereof

APRIL 17-1942

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or crematory

POWER CEMETERY

18. (a) Signature of funeral director

FRANK FUNERAL HOME

(b) Address

MASSVILLE MO

19. (a)

4-17-42

(b)

W. D. C. [Signature]

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County DE KALB

(c) City or town KING CITY RFD #20
(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 APRIL day 15
year 1942 hour 12 minute 45 A. M.

21. I hereby certify that I attended the deceased from April 15 to April 15, 1942
that I last saw him alive on April 14, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death

Bronchopneumonia

Duration

10 days

Due to

Coronary Sclerosis

Due to

Arterio Sclerosis

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)

(b) Means of injury

23. Signature L. E. Blacklock (M. D. or other)

Address King City, MO Date signed 4/10/42

(Licensed Embalmer's Statement on Reverse Side)

in Buchanan Co. MO

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

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, above space should be left blank.