

No. 2
9-4-41
v. 5-17-39
X29484

18271

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 431

Primary Registration District No. 5588

Registrar's No. 64

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

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 year
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. Warrensburg Twp
(If rural, give location)

(e) Citizen of foreign country? D (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME Nuel Anderson Brown

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male 5. Color or race White

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

6. (b) Name of husband or wife Ettie Lorina Conard

6. (c) Age of husband or wife if alive 63

7. Birth date of deceased August 14 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>9</u>	<u>13</u>	<u>1</u> hr. <u>1</u> min.

9. Birthplace North Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Archie W. Brown

(b) Address

17. (a) Burial (b) Date thereof May 28, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jacoby Cemetery

18. (a) Signature of funeral director W. B. Wilcox

(b) Address Warrensburg, Mo

19. (a) May 28, 1942 (b) S. M. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1942 hour 4 minute 30 a.m.

21. I hereby certify that I attended the deceased from May 22, 1942, to May 27, 1942
that I last saw him alive on May 27, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia
Duration 4 days

Due to senility and

Due to Cerebral thrombosis 6 years

Other conditions

Major findings: Of operations ✓ 838

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature S. M. Williams (M. D. or other) D
Address 412 N. Magnolia Warrensburg Date signed 5/28/42

1001

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-3-42

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 _____

H. Simmons

Licensed Embalmer No. 3903

P. O. Address 1404 So. 37th St. K.C. 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; fact should be so stated above.