V. S. No. 2
0M—9-4-41
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

20662

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 219

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 562

1. PLACE OF DEATH:

(a) County: Buchannan
(b) City or town: Saint Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 408 Albemarle (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community: About 40 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchannan
(c) City or town: Saint Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 408 Albemarle (If rural, give location)
(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Elliott Brown
3. (b) If veteran, name war: No.
3. (c) Social Security No.:
4. Sex: Male 2
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Alice Brown
6. (c) Age of husband or wife if alive: Unknown years
7. Birth date of deceased: Aug. (Month) 5 (Day) 1884 (Year)

8. AGE: Years 58 | Months 10 | Days 25 | If less than one day ___ hr. ___ min.

9. Birthplace: Missouri (City, town, or county) State 0 (State or foreign country)
10. Usual occupation: Porter.
11. Industry or business: None
FATHER
12. Name: W. M. Brown
13. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name: Belle Homes
15. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)
16. (a) Informant: Ida Bell Ewing
(b) Address: 918 Douglass
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 2, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Burial City Cemetery
18. (a) Signature of funeral director: Rumsey & Son
(b) Address: 1602 Messania Street
19. (a) 6-2-42 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1942 hour 9 minute 45 P. M.
21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ on June 1st, 1942 to ___, 19__; that I last saw h___ alive on ___, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture 6th servical vertebra of neck. — Duration: 2 days
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): Man was riding in the back of a Plymoth Coup on main
Major findings: Of operations: St. in St Joseph when lid fell and struck him on
Of autopsy: no [the neck.

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): Accident 131
(b) Date of occurrence: May 29th - 1942
(c) Where did injury occur? St Joseph (City or town) Buch. (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? City street (Specify type of place)
While at work? No (e) Means of injury: Automobile
23. Signature: H F Mundy Jr (M. D. or other) Coroner
Address: 404 So 3d Date signed: 6/2/42

1283 (Licensed Embalmer's Statement on Reverse Side)

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 L. F. Ramsey

Licensed Embalmer No. 4081

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.