

S. No. 2
M-1-3-41
7-5-17-39

20663

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 236

FILED JUL 14 1942

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 080

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
JUL 15 1942

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph

(c) Name of hospital or institution: In seat of parked truck at 3rd and Edmond St.
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 4f.

(a) State Missouri (b) County Buchanan

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

(d) Street No. 104 No. 2nd
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME William Grover Brown

3. (b) If veteran, name war World War # 1

3. (c) Social Security No. 491-22-6872

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 th
year 1942 hour 7 minute A.M.

21. I hereby certify that I attended the deceased from on June 12, 1942 to 19 at last saw him alive on 19 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: October 9, 1892
(Month) (Day) (Year)

Immediate cause of death

Coronary Thrombosis 1 day.

Due to General Arteriosclerosis 2 years.

Due to Chronic Alcoholism 9 1/2 yrs

8. AGE: Years 49 Months 8 Days 3 If less than one day _____ hr. _____ min.

Other conditions man died suddenly while asleep in the seat of parking lot at 3rd and Edmond

(Include pregnancy within 3 months of death)

9. Birthplace Burlington Jct., Mo.
(City, town, or county) (State or foreign country)

Major findings: Of operations parked truck in a parking lot at 3rd and Edmond

Of autopsy no. [etc.]

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Huxter

11. Industry or business _____

12. Name Robert Hutson Brown

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

14. Maiden name Alice Brown

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

16. (a) Informant Cora Grooms

(b) Address 1208 Fred. St Joseph, Mo.

17. (a) Burial (b) Date thereof 6/16/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetary

18. (a) Signature of funeral director Fleeman & Son Inc

(b) Address 1946 Calhoun St Joseph, Mo.

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? _____

19. (a) June 15-1942 (b) _____
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature H F Mundy (M. D. or other) Cover

Address 404 So 3d Date signed 6/12/42

(Registrar's Statement on Reverse Side)

1233

JUL 17 1968

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.....

Robert A. Gable

Licensed Embalmer No. 3308

P. O. Address *St Joseph, 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.