S. No. 2
—1-4-41
5-17-39
PI X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 2 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22036

State File No. .....

Registration District No. 701 Primary Registration District No. 4422 Registrar's No. .....

1. PLACE OF DEATH:

(a) County Polk

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

(c) Name of hospital or institution: E.N.W. of Bolivar 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 8 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84

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

(d) Street No. 6 Miles N.W. of Bolivar
(If rural, give location)

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

If yes name country ✓

3. (a) PRINT FULL NAME Fred J. Brown

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

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 Nellie Brown

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased April 3 1900
(Month) (Day) (Year)

8. AGE: Years 42 Months 2 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace Carmen Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Father

FATHER
12. Name Joseph Brown
13. Birthplace Unknown 7
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Viola Dixon
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nellie Brown
(b) Address Bolivar, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation Darren Creek Cemetery

18. (a) Signature of funeral director Erwin and Blue
(b) Address Bolivar, Mo.

19. (a) July 1, 1942 (Date received local registrar) (b) Alice Palen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 year 1942 hour 7 minute P. M.

21. I hereby certify that I ~~attended~~ the ~~deceased from~~ viewed deceased, 1942, to ✓, 19....;
that I last saw him alive on ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death caused by bolt of lightening

Due to .....

Due to ✓

Other conditions ✓ 192
(Include pregnancy within 3 months of death) 95

Major findings:
Of operations ✓

Of autopsy ✓

Duration

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 - lightening

(b) Date of occurrence June 5, 1942 84

(c) Where did injury occur? Struck in head mining length
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on farm - open pasture
(Specify type of place)

While at work? yes (e) Means of injury lightening

23. Signature O. by J. Foster & deputy Coroner
(M.D. or other)

Address Bolivar, Mo. Date signed July 1-42

(Licensed Embalmer's Statement on Reverse Side)

1294

JUL 9 1942

OCT 27 1942

JUL 2 - 1942

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, ~~only~~ .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Millard K. Erwin

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.