

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 18 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24214

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County. DEKALB
(b) City or town. MAYSVILLE
(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. 40 yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME OLIVER CROMWELL BROWN

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex. MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife ANN ELIZA BROWN 6. (c) Age of husband or wife if alive. 27 years

7. Birth date of deceased AUG 27 1860
(Month) (Day) (Year)

8. AGE: Years 86 Months 10 Days 4 If less than one day hr. min.

9. Birthplace CLINTON CO. OHIO
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED CARPENTER

11. Industry or business

12. Name JOHN WILLIAM BROWN

18. Birthplace OHIO
(City, town, or county) (State or foreign country)

14. Maiden name EVANINE HATCHER

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

16. (a) Informant's own signature Oliver Brown
(b) Address Maysville, Mo

17. (a) Burial (b) Date thereof 7-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAKLAND

18. (a) Signature of undertaker ROBERT FUNERAL HOME
(b) Address MAYSVILLE MO

19. (a) 7-25-42 (b) C. M. Hingle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MO (b) County. DEKALB
(c) City or town. MAYSVILLE
(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 July day 1 year 1942 hour 4 minute P M.

21. I hereby certify that I attended the deceased from June 8, 1942, to July 1, 1942, that I last saw him alive on June 28, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction Duration 21 days
Due to Carcinoma sigmoid ⑦

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 46

Of autopsy

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) (e) Means of injury

23. Signature Oliver Brown (M. D. 11/42)
Address Maysville, Mo Date signed 7/1/42

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.....

.....
working under my personal supervision.

Signed.....

Registered Apprentice No.....

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.