

FALL SEP 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26573
Do not use this space.

1. PLACE OF DEATH *Andrain*
 4 (a) County *Andrain* Registration District No. *10*
 (b) Township *Salt River* Primary Registration District No. *50.37*
 (c) City *Andrain* (d) Street No. *1*
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME *Robert Lee Brown*
 (a) Residence, No. *Madison Co. Mo. Andrain* St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED: HUSBAND OF *Flora Helen Brown* (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *4/15/1864*

7. AGE YEARS *78* MONTHS *4* DAYS *16* If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Farmer*
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Morris Co. Mo.*

FATHER 13. NAME *George W. Brown*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky*

MOTHER 15. MAIDEN NAME *Nancy Davis*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky*

17. INFORMANT (ADDRESS) *Arnold E Brown
Madison Mo A A No 2*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Summit Hill* DATE *9/2* 19*42*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Frank Thompson
Madison, Mo*

20. FILED *8/31* 19*42* *Marjoret H Mackie*
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 31 1942*

22. I HEREBY CERTIFY, That I attended deceased from *July 19*, 19*42*, to *Aug 31*, 19*42*
 Last saw him alive on *Aug 25*, 19*42*. Death is said to have occurred on the date stated above, at *3:20* p.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
1310

Other contributory causes of importance:
Cardio-renal-Vascular Disease
Hypertension

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no*
 If so, specify
 (Signed) *ATC upm D O* M.D.
 (Address) *Madison, Mo.* *8/31/42*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

SEP 16 1942
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RECEIVED

District Health Officer No. 10

District File Number

9-42-1653-

Date Filed

SEP - 8 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, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

Miss Irene Thompson

Licensed Embalmer No.

3282

P. O. Address

Niagara, N.D.

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.