

27052

No. 2
3-4-41
-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF REGISTRATION
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 46

Registration District No. 101 Primary Registration District No. 5405

1. PLACE OF DEATH
(a) County Douglas
(b) City or town rural Jackson sup
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 yrs.
In this community 19 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Douglas
(c) City or town rural
(d) Street No.
(e) Citizen of foreign country? No
If yes, name country

3. (a) PRINT FULL NAME John E. Brown
3. (b) If veteran, name war 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 9
year 1942 hour 1 minute 47 M.
21. I hereby certify that I attended the deceased from May 7
1942 to May 9 1942
that I last saw him alive on May 4
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 married
6. (b) Name of husband or wife Sarah Brown 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Sept 6 1882
(Month) (Day) (Year)

Immediate cause of death Coronary heart disease
Duration 2 days 1 hour

8. AGE: Years 64 Months 9 Days 3 If less than one day hr. min.

Due to 940
Due to
Other conditions (Include pregnancy within 3 months of death)
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Douglas Co Mo
(City, town, or county) (State or foreign country)
10. Usual occupation farmer

11. Industry or business
12. Name Pat Brown
13. Birthplace Douglas Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Betty Petty
15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Brown
(b) Address Ava Mo
17. (a) burial (b) Date thereof May 11, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation State Cemetery
18. (a) Signature of funeral director Glenn Holler
(b) Address Ava Mo.
19. (a) 9-5-42 (b) (Registrar's signature)

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 R M Norman (M. D. or other)
Address Ava Mo Date signed 7/30/42

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

34
0
0

34
0
0

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 Denver Roller

Licensed Embalmer No. 4006

P. O. Address ava, mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27052
Registrar's No. 46

Registration District No. 101

Primary Registration District No. 540J

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Sumner
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John E Brown
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month Mar Day 1942 Year 1942 Hour _____ Minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____; that I have seen him _____ live on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 6 (Month) 1875 (Day) (Year)

8. AGE: Years 64 Months 8 Days 2 If less than one day _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry of business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 10-1-42 (b) Thelma S. Spater (Registrar's signature)
(Date received local registrar) (Date)

MEDICAL CERTIFICATION

SUPPLEMENTARY

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

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 _____ (M. D. or other) _____

Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

S-27052