

FILED NOV 11 1942
Registration District No. 137

Primary Registration District No. 3023

State File No. _____

Registrar's No. 185

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton CT.
(c) Name of hospital or institution: Home 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 years
In this community 40 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry
(c) City or town Clinton
(d) Street No. North Washington
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLEY BROWN

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

4. Sex M 5. Color or race negro 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Mary Brown 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased date unknown
(Month) (Day) (Year)

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

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER { 12. Name unknown
13. Birthplace _____ (City, town, or county) (State or foreign country) 9
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country) 9

16. (a) Informant Mary Brown
(b) Address Clinton Mo.

17. (a) Burial (b) Date thereof Oct 5-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Clinton Copard cemetery

18. (a) Signature of funeral director Spere & Son
(b) Address Clinton Mo.

19. (a) Oct 5, 1942 (b) Georgia Kitchener
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3rd
year 1942 hour 2 PM minute _____ M.

21. I hereby certify that I attended the deceased from Sept 20 1942 to Oct 11 1942
that I last saw him alive on Oct 11 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration immediat

Due to _____
Due to _____

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

Major findings: _____
Of operations _____
Of autopsy _____

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) _____
(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. S. Hall (M. D. or other) M.D.
Address Clinton Mo. Date signed 10/5/42

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

FEB 4 1942

B.S.
6-75
1525

RECEIVED

District Health Officer No. 7,

District File Number 11-42-1186

Date Filed 11-6-42

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Kenneth Jackson
Licensed Embalmer No. 3954
P. O. Address Clinton 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.

2B
21-41
79288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33811

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 185

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton
(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 Charley Brown

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct Day 25 Year 1942
hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race B 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 _____ (Month) _____ (Day) _____ (Year)

Immediate cause of death Cerebral hemorrhage

Due to _____

Due to _____

8. AGE: Years 77 Months 11 Days _____ If less than one day _____ min.

Other conditions uremia

(Include pregnancy within 3 months of death)

Major findings: Chronic nephritis

Of operations _____

Of autopsy 31h

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation _____

11. Industry or 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)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Dr. P. S. Halligan (M. D. or other) _____
Address Clinton Missouri Date signed 11/30/42

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

MOTHER FATHER

SUPPLEMENTARY

S-33811

1942