

S. No. 2
M-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36632**

FILED DEC 9 1942

Registration District No. **88**

Primary Registration District No. **3.006 5120**

Registrar's No. **257**

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

1. PLACE OF DEATH:
 (a) County **Boone**
 (b) City or town **Columbia**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
602 W. Broadway /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
6 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Boone**
 (c) City or town **Columbia**
(If outside city or town limits, write "RURAL")
 (d) Street No. **602 W. Broadway**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country..... **0**

3. (a) PRINT FULL NAME WILLIAM BYRNE BROWN
 (b) If veteran, name war **None**
 (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov.** day **8**
 year **1942** hour..... minute..... **A.** M.
21. I hereby certify that I attended the deceased from.....
, 19....., to....., 19.....;

4. Sex **Male** **5. Color or Race** **White**
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Kathryn Boudry
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased 8 - 2 - 1904
(Month) (Day) (Year)

that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.
Immediate cause of death.....

8. AGE: Years **38** Months **3** Days **6**
 If less than one day hr..... min.

Duration
 " **Asphyxia due to acute Pulmonary Congestion.**
 Due to **Contributory cause Bilateral Bronchopneumonia**
 Other conditions.....
(Include pregnancy within 3 months of death)

9. Birthplace Webster West Virginia
(City, town, or county) (State or foreign country)
10. Usual occupation Physician

Major findings:
 Of operations.....
 Of autopsy **as above**
PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business.....
12. Name Charles Newton Brown
13. Birthplace Independence W. Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Eva Keane
15. Birthplace Grafton W. Virginia
(City, town, or county) (State or foreign country)
16. (a) Informant Charles Newton Brown
(b) Address Swandale, West Virginia
17. (a) Burial (b) Date thereof 11-11-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Cemetery
18. (a) Signature of funeral director Barber Funeral Service
(b) Address Columbia, Mo.
19. (a) 11-11-1942 (b) Edna H. Barber
(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)
 (d) 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 M. M. Adams (M. D. or other)
 Address **Columbia, Mo.** Date signed **11/14/42**

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

M. J. Whitman

Licensed Embalmer No.

3893

P. O. Address

Columbia, Md.

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.