

V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 5 1942

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1154

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: 2109 Penn. Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not
In this community 80 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2109 Penn Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Chattle Brown
(b) If veteran, name war
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 19th, year 1942 hour 11 & minute 15 P. M.

4. Sex Male 5. Color or Race White
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Ida L. Brown
(c) Age of husband or wife if alive 11 years
7. Birth date of deceased: November (Month) 11 (Day) 1855 (Year)

21. I hereby certify that I attended the deceased from June 1 1942 to Nov. 19 1942
that I last saw him alive on Nov. 19 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>0</u>	<u>8</u>	_____ hr. _____ min.

Immediate cause of death: Heart failure
Duration: 1 day

9. Birthplace Aurora Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Retired News Paper Employee

Due to Cancer of larynx with obstruction 1 year
Due to _____

11. Industry or business _____
12. Name Melvin B. Brown
13. Birthplace Unknown New York
(City, town, or county) (State or foreign country)
14. Maiden name Mary Young
15. Birthplace Kindall County Illinois
(City, town, or county) (State or foreign country)

Other conditions Smility; hypostatic bronchopneumonia (3 days) 2 yrs.
(include pregnancy within 3 months of death)

16. (a) Informant Mrs. M. L. Busel (Daughter)
(b) Address 2109 Penn., St. Joseph, Mo.
17. (a) Removal (b) Date thereof 11/23/1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Whiting, Kansas

Major findings: _____
Of operations _____
Of autopsy None

18. (a) Signature of funeral director Halter Meierhoffer
(b) Address 13th. & Faraon St., St. Joseph, Mo.
19. (a) 11-23-42 (b) Rose Hergog
(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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Cabray Wortley (M. D. or other) _____
Address St. Joseph, Mo. Date signed 11-23-42

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 *Geo E Daniel*.....

Licensed Embalmer No. 3300 Missouri.....

P. O. Address. St. Joseph, Missouri......

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.