

7. S. No. 2
FORM-5-42
Rev. 5-17-39
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36756

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 27 1942

Registration District No. 43

Primary Registration District No. 2007

Registrar's No. 361

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

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Shook, Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lucy Lee Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 ds. (Specify whether Life)

In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Ellis Leon Brown

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced infant 0

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased Feb. 13 1938
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 7 25 hr. min.

9. Birthplace Shook, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business

MOTHER FATHER { 12. Name William Brown

13. Birthplace Arkansas 1
(City, town, or county) (State or foreign country)

14. Maiden name Lottie Atnip

15. Birthplace Wayne Co. Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant William Brown

(b) Address Shook, Missouri

17. (a) Burial (b) Date thereof 10-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shook, Mo.

18. (a) Signature of funeral director Greer Croy Service

(b) Address Poplar Bluff, Mo.

19. (a) 11/9/42 (b) Fuller
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 8
year 1942 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 6 to Nov. 8, 1942
that I last saw him in alive on Nov. 8, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Typhoid fever

Due to

Due to

Other conditions. (Include pregnancy within 3 months of death) 1

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?

23. Signature [Signature] (M. D. or D.D.S.)
Address Poplar Bluff, Mo. Date signed 11/9/42

Duration 2 weeks

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 1142-1476

Date Filed 11-20-42

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.

Not embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.