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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1943

Registration District No. 156

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 2512

Registrar's No. 623

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin, 106 N. McCoy
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---
(Specify whether In this community 2 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49 2 5

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

(d) Street No. 106 N. McCoy
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Charles H. Brown

3. (b) If veteran, name war ✓

3. (c) Social Security No.

4. Sex m

5. Color or race W 0

6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife Sylvia

6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased June 26, 1859 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
83	6	23	hr. min.

9. Birthplace Syracuse (City, town, or county) New York (State or foreign country) 1

10. Usual occupation Farmer- laborer

11. Industry or business General

FATHER
12. Name Frances H. Brown
13. Birthplace Dont know (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Dont know
15. Birthplace Dont know (City, town, or county) (State or foreign country) 9

16. (a) Informant Oscar Humbard, Son
(b) Address 106 N. McCoy, Joplin, Mo

17. (a) Burial (Burial, cremation or removal) (b) Date thereof 1/21/43 (Month) (Day) (Year)

(c) Place: burial or cremation Dudman Cemetery Sarcoxie Mo

18. (a) Signature of funeral director Roland Engelage
(b) Address Sarcoxie Missouri

19. (a) 1-21-43 (Date received local registrar) (b) Bertrude Sudhoelter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19 year 1943 hour 4.30 minute A.M.

21. I hereby certify that I attended the deceased from Dec- 10, 1942 to Jan - 18, 1943 that I last saw him alive on Jan - 18 - 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Pulmary

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

109.1

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 0

23. Signature C. C. Coats (M. D. or other)

Address 306 Friso Bld Date signed 1-19-43

1204

(Licensed Embalmer's Statement on Reverse Side)

43-1-61

1005

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. B. Orr.

Licensed Embalmer No. 946

P. O. Address Mt. Vernon, 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.