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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3194

FILED FEB 11 1943

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 6

1. PLACE OF DEATH:

(a) County: Randolph

(b) City or town: Moberly
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 535 N. Marley
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: none
(Specify whether years, months or days)

In this community: 2.5 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Randolph

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

(d) Street No.: 535 N. Marley
(If rural, give location)

(e) If foreign born, how long in U. S. A.: 0 years.

3. (a) PRINT FULL NAME: REECE M. BROWN

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: Male

5. Color or Race: White

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

6. (b) Name of husband or wife: Susie R. Brown

6. (c) Age of husband or wife if alive: 67 years

7. Birth date of deceased: Nov - 22 - 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>1</u>	<u>15</u>	hr. min.

9. Birthplace: Monroe Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation: Night Watchman

11. Industry or business: James M. Brown

12. Name: James M. Brown

13. Birthplace: Missouri
(City, town, or county) (State or foreign country)

14. Maiden name: Melvina Capt

15. Birthplace: Monroe Co., Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Susie Brown

(b) Address: 535 N. Marley Moberly Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof: Jan 18-43
(Month) (Day) (Year)

(c) Place: burial or cremation: Moberly Mo.

18. (a) Signature of funeral director: [Signature]

(b) Address: Moberly Mo.

19. (a) 1-7-43
(Date received local registrar)

(b) [Signature]
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6th
year 1943 hour 4 minute 00 P.M.

21. I hereby certify that I attended the deceased from 11-9-42 to 1-6-43
that I last saw him alive on 1-6-43
and that death occurred on the date and hour stated above.

Immediate cause of death: Uremic Poisoning

Due to: parenchymatous nephritis

Due to: Heart greatly increased

Other conditions: in its transverse diameter
(Include pregnancy within 3 months of death)

Major findings:
Of operations: _____

Of autopsy: 1318

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: [Signature] (M. D. or other) 2 DO

Address: Moberly Mo. Date signed: 1-7-43

1056

RECEIVED

District Health Officer No. 10

District File Number 2-42-206

Date Filed FEB 10 1948

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:

R. M. Carter

Licensed Embalmer No.

4117

P. O. Address

Moberly 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.