

FILED JAN 19 1943

Registration District No. 26

Primary Registration District No. 6237

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Warren
(b) City or town Rural Hickory Grove
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

8. (a) PRINT FULL NAME Samuel Edward Brown

8. (b) If veteran, name war ✓ 8. (c) Social Security No. 490-03-039

4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Annie Brown 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased March 5 1889 (Month) (Day) (Year) 1878

8. AGE: Years 64 Months 10 Days 2 If less than one day hr. min.

9. Birthplace St Clair Co Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Coal Miner

11. Industry or business Unknown
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Anna Brown

(b) Address Wright City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 10 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Cassville Ill.

18. (a) Signature of funeral director Neuberg F & Co

(b) Address Wright City Mo.

19. (a) 1/8/43 (Date received local registrar) (b) Julius Neuberg (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(d) State Ill. (b) County Warren
(e) City or town Rural Hickory Grove
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7 year 1943 hour 930 minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Asquima pneumonia
Due to Arteriosclerosis

Other conditions (include pregnancy within 3 months of death) 94

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature D. A. N. Krugger (M.D. or other) _____
Address Wright City Mo. Date signed Jan 7/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Rev. 1-1-35 I 41931

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1241

APR 23 1943

JAN 19 1943

MAR 2 1943

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 Julius J. Nieburg
Licensed Embalmer No. 33660
P. O. Address Wright City, 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, above space should be left blank.

(D. 225) 2-1943

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS
AFFIDAVIT FOR CORRECTION OF A RECORD

State of MO
County of Warren } ss.

State File No. _____
Local Registrar's No. 21

On this _____ day of _____, 1943, before me appears Anna B. Brown, who, upon her oath, states that the original record of ^{birth} death for Samuel Edward Brown, died ^{born} Jan 7, 1943, in the State of Missouri, and which was filed at Jefferson City, Mo 7-8, 1943, should be corrected as follows:

Item No. 7 should read March 5 1878

Instead of _____ March 5 1889

Item No. 8 should read 64-10-2

Instead of _____ 53-10-2

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Anna Brown ^(Wife) Relationship.

Wright City Mo
Present Address.

Subscribed and sworn to before me this 20th day of February, 1943.

My Commission expires Sept 5-1943 Dorothy Kishlack Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

APR 23 1943

3795