S. No. 2
M—9-4-41
5-17-39
PI X29484

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. 5627

FILED FEB 19 1943

Registration District No. _____ Primary Registration District No. 3000 Registrar's No. 22

1 3 3

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 702 W Smith St. 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ In this community 35 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Adair 1 3
(c) City or town: Kirksville, Mo. (If outside city or town limits, write "RURAL") 3
(d) Street No. 702 W. Smith (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Pearl Vernon Brown
3. (b) If veteran, name war _____
3. (c) Social Security No. _____
4. Sex: male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Verta F. Brown
6. (c) Age of husband or wife if alive: 59 years
7. Birth date of deceased: January 29, 1880 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
62	11	26	hr. min.

9. Birthplace: Schuyler Co. 0 Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Shoe Factory Worker
11. Industry or business: Shoe Manufacturing
FATHER 12. Name: James Marion Brown
FATHER 13. Birthplace: Adair County, Mo. 0 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Mary Jane Smith
MOTHER 15. Birthplace: DK Ohio 1 (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Pearl Brown
(b) Address: 702 W. Smith, Kirksville, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/26/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Queen City, Mo.
18. (a) Signature of funeral director: Davis Funeral Home
(b) Address: Kirksville, Mo.
19. (a) Jan. 26, 1943 (Date received local registrar) Mrs. F. L. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24 year 1943 hour 5 minute 15 P.M.
21. I hereby certify that I attended the deceased from Jan. 20, 1943, to Jan 24, 1943 that I last saw him alive on Jan 24, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	2 hs.
Due to Pernicious Anemia & Hemorrhage followed	20 yrs
Due to by a blood transfusion	
Other conditions (Include pregnancy within 3 months of death): Chr. Nephritis	

Major findings:
Of operations _____
Of autopsy _____

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: H. J. McClure (M. D. or other) D.O.
Address: Kirksville, Mo. Date signed 1/25/43

1047

(Licensed Embalmer's Statement on Reverse Side)

JUL 12 1954

RECEIVED
District Health Officer No. 10
District File Number 2-43-392
Date Filed FEB 16 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 Keith Collier

Licensed Embalmer No. 3632

P. O. Address Kirksville 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.