

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

LED MAR 15 1943
Registration District No. 207.175

Primary Registration District No. 5028 5645

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Aurora Township (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
R.F.D. # 1 Aurora Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

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

(d) Street No. R.F.D. # 1 Aurora Mo.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Howard Clouy Brown

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23
year 1943 hour 10 minute 10 AM

4. Sex Male 5. Color or race W

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

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

7. Birth date of deceased December 25 1939
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 18, 1943, to February 23, 1943;
that I last saw him alive on February 23, 1943;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
3 1 29 hr. min.

Immediate cause of death.....
Meningitis, Tuberculosis

Due to.....

Due to.....

9. Birthplace Barry County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

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

Major findings:
Of operations..... none

Of autopsy..... none

11. Industry or business.....

12. Name Andrew Brown

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

14. Maiden name Edna Beshears

15. Birthplace Barry County Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Andrew Brown

(b) Address R 1 Aurora Mo.

17. (a) Burial (b) Date thereof 2/24/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aurora Mo.

18. (a) Signature of funeral director J. F. King

(b) Address Aurora Mo.

19. (a) 2-24-1943 (b) Charles Brown
(Date received local registrar) (Registrar's signature)

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 Harriet L. Kelsoy (M. D. or other) M.D.
Address 16 E. Second St. Aurora Date signed 2/23/43

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

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1116

RECEIVED

District Health Officer No. 6;

District File Number 243-402

Date Filed MAR 12 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.....

Herman M. Curridge

Licensed Embalmer No. 3072

P. O. Address... Aurora 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.