

13919

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 151730Primary Registration District No. 5175Registrar's No. 7

1. PLACE OF DEATH:

(a) County Camden
 (b) City or town Rural, Russell Twp
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
R.F.D. #2 Mack Creek Mo
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 40 years
 years, months or days

3. (a) PRINT
FULL NAMEHenry Small Brown3. (b) If veteran,
name war _____3. (c) Social Security
No. _____

4. Sex Male 5. Color or race W
 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years

7. Birth date of deceased April 12th 1863
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 10 19 _____ hr. _____ min.

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

10. Usual occupation Farming11. Industry or business on farm

12. Name Hugh F. Brown
 13. Birthplace North Carolina
 (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 Lillie Hollingsworth
 (b) Address Mack Creek Mo

17. (a) Burial (b) Date thereof 3-6-43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mack Creek Cemetery

18. (a) Signature of funeral director Laughon-Reiser
 (b) Address Urbana

19. (a) 3-4-43 (b) Mrs. A.R. Jackson
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Camden
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Mack Creek Mo R.F.D. #2
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st
 year 1943 hour 9 minute 30 a.m.

21. I hereby certify that I attended the deceased from 2-23-43
 _____, 1943, to Mar 1st, 1943;
 that I last saw him alive on Feb 27th, 1943;
 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia Duration 6 days

Due to _____

Due to _____

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

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 G.D. Myers (M. D. or other) _____
 Address Mack Creek Mo Date signed 3/1/43

(Licensed Embalmer's Statement on Reverse Side)

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

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.

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Health Officer No. 7.

District File Number 3-43-129

Date Filed 4-16-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.