

U. S. No. 2
OM-9-4-41
ex. 5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 30 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13988

State File No.

Registration District No. 62

Primary Registration District No. 5239

Registrar's No. 90

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Rural-Linn Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XXXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXX (Specify whether
In this community XX years, months or days)

3. (a) PRINT FULL NAME Theodore C. Brown

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Beulah Brown 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased Jan. 22, 1902 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 2 8 XXXXXXX min.

9. Birthplace Benton Twp. Cedar County (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business XX

12. Name Charley M. Brown
13. Birthplace Cedar County, Missouri (City, town, or county) (State or foreign country)
14. Maiden name Neimay VanBuskirk
15. Birthplace Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Beulah C. Brown
(b) Address Stockton, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-43 (Month) (Day) (Year)

(c) Place: burial or cremation Brasher Cemetary

18. (a) Signature of funeral director Church and Neale
(b) Address Stockton, Missouri

19. (a) 4-24-43 (Date received local registrar) (b) me Ethel Church (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town Rural-Linn Township (If outside city or town limits, write "RURAL")
(d) Street No. XXXX (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 30
year '43 hour 4:45 minute A M.

21. I hereby certify that I attended the deceased from 6 1943 to 3-22 1943
that I last saw him alive on 3-22 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Lympho-sarcoma
Duration 4 mos

Due to

Due to 552

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 D

23. Signature Wm. B. Ritten (M, D or other) D
Address Stockton, Mo Date signed 3-30-43

(Licensed Embalmer's Statement on Reverse Side)

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

1298

APR 30 1943

RECEIVED

District Health Officer No. 7,

District File Number 3-43-132

Date Filed 4-27-43

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.....

C. H. Neal

Licensed Embalmer No. 3335

P. O. Address Stackton

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.