S. No. 2.
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 5 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

14040

State File No. .....

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 233

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 mos. 1 day (Specify whether
In this community 8 mos., 1 day years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999
(a) State Kansas (b) County 14
(c) City or town Chanute 0
(If outside city or town limits, write "RURAL")
(d) Street No. 201½ E. Main
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Ernest Lesley Brown

3. (b) If veteran, name war World War I

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Wife, Evelyn Brown

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

7. Birth date of deceased March 18, 1889 (Month) (Day) (Year)

8. AGE: Years 54 Months 0 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace Springfield, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Laborer - unemployed

11. Industry or business odd jobs

FATHER
12. Name Elija Brown
13. Birthplace - (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Emma Jane Finch
15. Birthplace ? (City, town, or county) ? (State or foreign country) 9

16. (a) Informant Hospital Records, Veterans Administration,
(b) Address Excelsior Springs, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-17-43 (Month) (Day) (Year)
(c) Place: burial or cremation Chanute, Kansas

18. (a) Signature of funeral director Claude Prichard
CLAUDE PRICHARD, Undertaker
(b) Address Excelsior Springs, Mo.

19. (a) 4-17-43 (Date received local registrar) Mrs. Sadie Redmond (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1943 hour 5:40 minute P. M.

21. I hereby certify that I attended the deceased from August 15, 1942, to April 16, 1943, that I last saw him alive on April 16, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, chronic, pulmonary far advanced, active — Duration: unknown

Due to 137.1

Due to

Other conditions (Include pregnancy within 3 months of death) Nephritis, sub-acute, with uremia — Duration: unknown

Major findings:
Of operations

Of autopsy As shown above

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? --
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature Forrest G. Bell (M. D. or other) MD
Address Veterans Administration Excelsior Springs, Mo. Date signed 4-17-43

RECEIVED

for Health Officer No. 8,

Office File Number _____

Date Filed 5-3-43

MAY 24 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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Excelsior Spgs., 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.