. S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17510

State File No.

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 164

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Daughter's home - 323 N. Lorimier (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 22 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Gir 16 1 4

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

(d) Street No. 323 N. Lorimier (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Harvey Robert Brown

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced 3 Divorced

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Dec (Month) 24 (Day) 1873 (Year)

8. AGE: Years 69 ~~68~~ Months 5 Days 0 If less than one day ..... hr. ..... min.

9. Birthplace Rockwood (City, town, or county) Ill 1 (State or foreign country)

10. Usual occupation Section Foreman

11. ~~Industry or business~~ Robert Brown

FATHER
12. Name ~~Margaret Kelly~~
13. Birthplace ~~Rockwood Ill~~ Ireland 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Kelly
15. Birthplace Rockwood Ill 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs E. Nauna

(b) Address 323 N. Lorimier Cape Gir Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25-43 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Seabaugh Mrs. Home

(b) Address Cape Girardeau Mo

19. (a) 5/26-43 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24 year 1942 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from May 24, 1943, to May 24, 1943, that I last saw him alive on May 24, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Gunshot wound of the Brain. Self inflicted

Due to .....

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

Duration 30 min.

164 C

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): Suicide

(b) Date of occurrence May 24 1943

(c) Where did injury occur? Cape Girardeau (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home, 323 N. Lorimier (Specify type of place)

While at work? No (e) Means of injury Gunshot

23. Signature George W. Walker (M. D. or other)

Address Cape Girardeau Mo Date signed 5/25-43

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 643-232

Date Filed 6-7-43

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 Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Cape Girardeau 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.