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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21895

State File No.

FILED JUL 12 1943

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 68

1. PLACE OF DEATH:

(a) County Livingston

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

(c) Name of hospital or institution:
814½ Jackson Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 71 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 59

(a) State Missouri. (b) County Livingston 1

(c) City or town Chillicothe 2
(If outside city or town limits, write "RURAL")

(d) Street No. 814½ Jackson Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Porter Fletcher Brown

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race 0 White

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

6. (b) Name of husband or wife Clara W. Brown

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

7. Birth date of deceased June (Month) 30th. (Day) 1871 (Year)

8. AGE: Years 71 Months 11 Days 9 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name Hiram Brown
13. Birthplace Richland County (City, town, or county) Ohio. / (State or foreign country)

MOTHER
14. Maiden name Anmette Fortune
15. Birthplace Walker County (City, town, or county) Geogria. / (State or foreign country)

16. (a) Informant Clara W. Brown
(b) Address Chillicothe, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-'43 (Month) (Day) (Year)
(c) Place: burial or cremation Utica, Missouri.

18. (a) Signature of funeral director F. B. Norman Co.
(b) Address Chillicothe, Missouri.

19. (a) June 11-1943 (Date received local registrar) (b) Lou Ella Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th.
year 1943 hour 8:00 minute P: M.

21. I hereby certify that I attended the deceased from June 1942, 19 , to June 9, 1943
that I last saw him alive on June 9, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage (Hemiplegia)

Due to Blood Clot (Brain)

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

83a

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

23. Signature H. S. Dowell (M. D. or other)
Address Chillicothe Mo Date signed 6-11-43

(Licensed Embalmer's Statement on Reverse Side)

8

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 E. R. Norman, Registered Apprentice No. ....., working under my personal supervision.

Signed E R Norman

Licensed Embalmer No. 2374

P. O. Address Chillicothe, Missouri.

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.