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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 24 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25123

State File No.

Registration District No. 750

Primary Registration District No. 5572

Registrar's No. 75

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Rural - Prairie Tw
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County Home for Aged
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. 6 mos. 2 days (Specify whether)
In this community 8 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Rural - Prairie
(If outside city or town limits, write "RURAL")
(d) Street No. Jackson Co. Home
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ✓ 0

3. (a) PRINT FULL NAME John Freeman 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 Married

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Aug. 5, 1873
(Month) (Day) (Year)

8. AGE: Years 69 Months 10 Days 2 If less than one day hr. min.

9. Birthplace Acme, Penn. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Records - J. C. Home
(b) Address Little Blue, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-12-43
(Month) (Day) (Year)
(c) Place: burial or cremation Lee's Summit Mo

18. (a) Signature of funeral director N. B. Langsford
(b) Address Lee's Summit Mo

19. (a) June 12, 1943 (Date received local registrar) (b) F. M. Schick by Elsie Schick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th year 1943 hour 1:00 minute P. M.

21. I hereby certify that I attended the deceased from Jan 1, 1942, to June 7, 1943 that I last saw him alive on June 7, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to

Due to

Other conditions 93d
(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.

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 J. W. Green D (M. D. or other)
Address Independence Mo Date signed 6/8/43

1166

(Licensed Embalmer's Statement on Reverse Side)

SEP 9 1933

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. 3833

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, fact should be so stated above.