

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

31414

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Rural-Jefferson 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 years, months or days) XXX

3. (a) PRINT FULL NAME James Clinton Brown

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

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, Married
6. (b) Name of husband or wife Nannie Brown 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Sept. 20, 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 0 6 XXXXXXXX min.

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

10. Usual occupation Farming

11. Industry or business XXXXXXX

12. Name J. S. Brown
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Butler
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant M. G. Benn
(b) Address Dunnegan, Missouri

17. (a) Burial (b) Date thereof 9-28-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Allder Cemetary

18. (a) Signature of funeral director Church and Neale

(b) Address Stockton, Missouri

19. (a) 10-1-43 (b) Mrs. Ethel Church
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Sept. day 26
year 1943 hour 10 minute 00 P.M.

21. I hereby certify that I attended the deceased from 6-29- 1943 to 9-22- 1943
that I last saw him alive on 9-22- 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia days
Due to Chronic Nephritis yrs.
Due to 131 f

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature Wm. B. Richter (M. D. or other) Stockton Mo
Address Stockton Mo Date signed 9-28-43

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

APR 22 1949

RECEIVED

District Health Officer No. 7,

District File Number 9-43-959

Date Filed 10-4-43

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 *Melvin Church*

Licensed Embalmer No. *3272*

P. O. Address *Stockton*

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.