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-43  
-39  
35597

NOV 13 1943

Registration District No. 160

Primary Registration District No. 5692

State File No. \_\_\_\_\_

Registrar's No. 72

1. PLACE OF DEATH:  
(a) County Jefferson  
(b) City or town Rural Joachim  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jefferson 050  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jay Brown

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased September 23 1943  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 1 hr. min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Edward A. Brown

13. Birthplace Hematite Mo. 0  
(City, town, or county) (State or foreign country)

14. Maiden name Blanche Mc Kee

15. Birthplace Plattin Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Edward A. Brown

(b) Address Hematite Missouri

17. (a) Burial (b) Date thereof 9/25/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hematite Christian Cen.

18. (a) Signature of funeral director Fink Funeral Parlor

(b) Address Festus, Missouri

19. (a) September 29, 1943 (b) L. C. Weaver  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 24th  
Year 1943 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from 9-23-43 to 9-24-43  
that I last saw him alive on 9-20-43 and that death occurred on the date and hour stated above.

Immediate cause of death unknown - natural cause

Due to malnutrition

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 158

Of autopsy \_\_\_\_\_

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) \_\_\_\_\_ (Means of injury)

23. Signature Dr. John M. No (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed 9/24/43

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

1265

**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.....

.....  
working under my personal supervision.

Registered Apprentice No. ....

*Not Embalmed*

Signed.....

Licensed Embalmer No. ....

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.**