

S. No. 2
DM-542
Rev. 5-17-39
1 x 12 1/2

35334

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 42

NOV 12 1943 40
Registration District No. 340

Primary Registration District No. 4503

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

1. PLACE OF DEATH:

(a) County Stoddard

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

(c) Name of hospital or institution:
Home of Durg Ltr
(If not in hospital or institution, write street number or location)

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

In this community Most of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stoddard

(c) City or town Bernie Mo. Rurle
(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 Sylvester 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. Yes

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

7. Birth date of deceased Feb. 11 - 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>7</u>	<u>5</u>	_____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER

12. Name Jim Brown

13. Birthplace Ill. (City, town, or county) (State or foreign country)

14. Maiden name Whithead

15. Birthplace Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Durg Ltr Beattie

(b) Address Bernie Mo.

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

(c) Place: burial or cremation Bernie Mo.

18. (a) Signature of funeral director Landon W. Han

(b) Address Campbell Mo.

19. (a) 10-15-1943 (Date received local registrar) (b) Cordie Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6 year 1943 hour 9 minute 20 P. M.

21. I hereby certify that I attended the deceased from Oct 5 1943 to Oct 6 1943; that I last saw him alive on 9:10 P.M. Oct 6 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction

Due to _____

Due to _____

Other conditions Semility with
(Include pregnancy within 3 months of death)
Senile dementia

Major findings: _____

Of operations _____

Of autopsy 127 f 2

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) (e) Means of injury _____

23. Signature T. O. Hilley M.D. (M.D. or other)
Address Bernie Mo. Date signed 10-7-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 1143-1414

Date Filed 11-11-43

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 *E. W. Anderson*

Licensed Embalmer No. 2289

P. O. Address *Campbell*

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.