V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6757

Registration District No. 32 — Primary Registration District No. 5183 — Registrar's No. 8

16
0
0

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Rural Bryl Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Burfordville Mo R.F.D. #1
(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 entire life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau 16
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Burfordville Mo R.F.D. #1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Wilson Marshel Brown.
3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Ida Akins 6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Dec (Month) 30 (Day) 1886 (Year)

8. AGE: Years 57 Months 1 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace Crump Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Marshel Brown
13. Birthplace Crump Mo (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name Louisa Weismann
15. Birthplace Burfordville Mo. (City, town, or county) 0 (State or foreign country)
16. (a) Informant Mrs Robert Haynes.
(b) Address Jackson Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/44 (Month) (Day) (Year)
(c) Place: burial or cremation McGuire Cemetery
18. (a) Signature of funeral director McCombs Fun Co.
(b) Address Jackson Mo.
19. (a) 2/18/44 (Date received local registrar) (b) J H C Kustner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16 year 1944 hour 11 minute P M.
21. I hereby certify that I attended the deceased from ..... 19.., to ..... 19.., that I last saw him alive on February 16 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral apoplexy. (Right).	
Due to	
Due to	
Other conditions Marked hypertension (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? ..... (Specify type of place)
While at work? ✓ (e) Means of injury ✓

23. Signature Albert M. Esler (M. D. or other) MD Phys
Address Jackson Date signed 2-18-44

1/6

(Licensed Embalmer's Statement on Reverse Side)

District File Number 344-3500
Date Filed 3-8-44

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. .....

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.