DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10574

State File No.

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 109

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town —
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Saint Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
(Specify whether years, months or days)
In this community ~~1 year~~ 1 wk.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Madison 62
(c) City or town Marquand Mo
(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 Frank B. 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 Lilly B.

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased June (Month) 26 (Day) 1881 (Year)

8. AGE: Years 62 Months 8 Days 22 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business —

FATHER
12. Name Augustus Brown
13. Birthplace — (City, town, or county) Penn. (State or foreign country)

MOTHER
14. Maiden name Mary Bolton
15. Birthplace — (City, town, or county) Penn. (State or foreign country)

16. (a) Informant Mrs Lilly Brown
(b) Address Marquand, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-19-44 (Month) (Day) (Year)
(c) Place: burial or cremation Dixon, Ill.

18. (a) Signature of funeral director J. B. Howell
(b) Address Cape Girardeau, Mo

19. (a) 3-24-44 (Date received local registrar) (b) E. H. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1944 hour 10 minute 25 P. M.

21. I hereby certify that I attended the deceased from 3/16, 1944, to 3/19, 1944 that I last saw him alive on 3/19/44, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Peritonitis BC	
Due to Perforated Gastric Ulcer	
Due to Steel-Laceration	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations HBC	
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 C. Smith (M. D. or other)
Address Cape Girardeau, Mo Date signed 3/19/44

1017

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 4

District File Number 44-36

Date Filed 4-7-4

APR 18 1944

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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Girardea

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.