

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14545

State File No.

Registrar's No. 198

FILE: MAY 8 1944

Primary Registration District No. 5374

1. PLACE OF DEATH:

(a) County. DeKalb
(b) City or town. Osborn, Rural Colfax, La.
(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)
(d) Length of stay: In hospital or institution. 30 Days
(Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME

Aubrey Samuel 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 2 Widowed

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

7. Birth date of deceased July 23 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 9-9- hr. min.

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

10. Usual occupation School Teacher

11. Industry or business

12. Name Isaac Brown.

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

14. Maiden name Neoma Woodward

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

16. (a) Informant Chas Brown

(b) Address Osborn Mo.

17. (a) Burial (b) Date thereof 4-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Harmony Cemetery

18. (a) Signature of funeral director E. J. Brown

(b) Address Stewartsville Mo.

19. (a) April 6-1944 (b) M. W. Mangle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11
(c) City or town Easton, 0
(If outside city or town limits, write "RURAL")
(d) Street No. 3
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2.
year 1944. hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1944 to April 2, 1944;
that I last saw him alive on April 2, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death. Myocarditis 5 ds

Due to

Due to Acute Indigestion 2 ds.

Acute Toxic Hepatitis 6 ds

Major findings: Of operations.

Of autopsy 932-1

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 M. W. Mangle (M. D. or other)
Address Plattburg Mo. Date signed April 6-44

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 7 1946

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.....

J. G. Rogers

Licensed Embalmer No. 952

P. O. Address.....Stewartsville Mo.

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.