

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 22 1944
387

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15613
State File No. _____
1957
Registrar's No. _____

Registration District No. _____

Primary Registration District No. 6033

1. PLACE OF DEATH:
(a) County Ripley
(b) City or town Old Burr
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
at home, Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 11 years (Specify whether)
years, months or days

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

3. (a) PRINT FULL NAME Timothy H. Brown
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 15
year 1944 hour 8 minute A, M.
21. I hereby certify that I attended the deceased from January 12, 1944, to March 15, 1944
that I last saw him alive on January 12, 1944
and that death occurred on the date and hour stated above.

4. Sex M.O. 5. Color or race W. 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Martin Elder 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased: 6-15-1886
(Month) (Day) (Year)

Immediate cause of death: Cerebral hemorrhage
Due to Hypertension
Due to _____

8. AGE: Years Months Days If less than one day
57 9 - _____ hr. _____ min.

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN [Signature]
Underline the cause to which death should be charged statistically.

9. Birthplace Wayne Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Wm. Brown

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

14. Maiden name _____

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

16. (a) Informant Fred Brown

(b) Address Douglas Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-44
(Month) (Day) (Year)

(c) Place: burial or cremation Walton Cemetery, Butler Mo.

18. (a) Signature of funeral director [Signature]
(b) Address Douglas Mo.

19. (a) 3-31-44 (Date received local registrar) (b) [Signature] (Registrar's signature)

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)
Did injury occur in or about home, on farm, in industrial place, in public place?
While at work _____ (Specify type of place) (a) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address Douglas Mo. Date signed 3-22-44

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

MOTHER FATHER

1074

(Licensed Embalmer's Statement on Reverse Side)

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. 3200

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.