

FILED JUN 9 1944

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

18111

State File No. ....

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. 256

## 1. PLACE OF DEATH

(a) County Grundy  
 (b) City or town TRENXON  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution 2105 Chestnut St. 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. (Specify whether  
 In this community 60 days  
 years, months or days)

3. (a) PRINT FULL NAME Charles Denver Brown

3. (b) If veteran, name war. — 3. (c) Social Security No. —

4. Sex Male race White 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rebecca Brown 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased April 24 1862 (Month) (Day) (Year)

8. AGE: Years 82 Months — Days 10 If less than one day — hr. — min.

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

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name SAMUEL BROWN

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

14. Maiden name unknown Gordon

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

16. (a) Informant Claude Brown

(b) Address Trenton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Starbuck Cemetery, Grundy County

18. (a) Signature of funeral director James A. Adams

(b) Address Trenton, Mo.

19. (a) 5-5-44 (Date received local registrar) (b) L. S. Roberts (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy 40  
 (c) City or town TRENXON (If outside city or town limits, write "RURAL")  
 (d) Street No. 2105 Chestnut St 2 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 4<sup>TH</sup> year 1944 hour 1:35 minute P M.

21. I hereby certify that I attended the deceased from 3-1-44, 1944, to 5-4-1944, that I last saw him alive on 5-4-1944, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis  
Due to Prostatic obstruction

Other conditions (Include pregnancy within 3 months of death) 1312

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? \_\_\_\_\_  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Mary A. Susan (M. D. or other) M.D. Address Trenton Mo. Date signed 5-5-44

1354

(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.....

*Myself*

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*Raymond A. Harris*

Licensed Embalmer No.....

*3424*

P. O. Address.....

*Drexler, M*

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

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