

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19405

State File No.

FILED JUN 13 1944

Registration District No.

Primary Registration District No. 62-7-2-4546 Registrar's No.

1. PLACE OF DEATH:

(a) County North
(b) City or town Denver, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 dgs
(Specify whether years, months or days) 5-1-

3. (a) PRINT FULL NAME Charles Fred 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 Married
6. (b) Name of husband or wife Abbie Brown
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Aug 25 1885
(Month) (Day) (Year)

8. AGE: 58 Years Months 7 Days 25
If less than one day hr. min.

9. Birthplace Daylington 1110 N
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

MOTHER FATHER { 12. Name Charles A. Brown
13. Birthplace New York
(City, town, or county) (State or foreign country)
14. Maiden name Rena Manpin
15. Birthplace North Co. 1110 N
(City, town, or county) (State or foreign country)

16. (a) Informant Abbie Brown

(b) Address Denver, 1110

17. (a) Rena (b) Date thereof Apr 18-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prarie Chapel

18. (a) Signature of funeral director Brian Brown

(b) Address Denver 1110

19. (a) April 25-44 (b) Arlene Scalden
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County North 113
(c) City or town Denver, 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:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1944 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from Jan 1, 1944, to April 16, 1944;
that I last saw him alive on April 16, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia of Lung
Duration 3 mos

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) H 72

Major findings: Of operations

Of autopsy

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 W

23. Signature Charles McKeen (M. D. or other) MD

Address Century MD Date signed 4-17-44

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. 2947

P. O. Address Denver 116

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.