

S. No. 2
1-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28528

FILED SEP 13 1944

State File No.

Registration District No. 277

Primary Registration District No. 4412

Registrar's No. 41

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

1. PLACE OF DEATH: **PIKE**

(a) County **PIKE**

(b) City or town **Curryville**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **VI**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Pike**

(c) City or town **CURRYVILLE**
(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 **WILLIAM PAUL BROOYER**

3. (b) If veteran, name war **X**

3. (c) Social Security No. **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8** day **10**
year **1944** hour **1** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Aug 4 1944**
Aug 10 19 **44** to **Aug 4** 19 **44**
that I last saw him alive on **Aug 4** 19 **44**
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife if **Anna Ed Ward Brown** alive _____ years
7. Birth date of deceased **May 17 1897**
(Month) (Day) (Year)

Immediate cause of death **Cardiac Insufficiency** Duration **10 days**

Due to **Chronic Myocarditis** **yes**

Due to **Actus Sclerosis** **yes**

Other conditions **Cerebral Apoplexy** **10 yrs**

8. AGE: Years **87** Months **2** Days **24** If less than one day
hr. _____ min. _____

9. Birthplace **Pike Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business _____

MOTHER FATHER

12. Name **Peter Brown**

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

14. Maiden name **Ellen Reynolds**

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

PHYSICIAN

Major findings:
Of operations **93d**

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Hick Brooks**

(b) Address **Curryville Mo**

17. (a) **Burial** (b) Date thereof **8 12 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Ridge Cemetery Mo**

18. (a) Signature of funeral director **W. B. Beck**

(b) Address **Bowling Green Mo**

19. (a) **Aug 31 44** (b) **Wm. Frank Gordon**
(Date received local registrar) (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)

(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 **Woo**

23. Signature **J. M. Mathews** (M. D. or other) **Woo**
Address **Bowling Green Mo** Date signed **8/11/44**

1148

RECEIVED

District Health Officer No. 10

District File Number 7-44-1621

Date Filed SEP 1-2-1944

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.....

Grace Danford

Licensed Embalmer No. 2204

P. O. Address Bowling Green M

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.