

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED OCT 13 1944

Registration District No. 118

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5437

State File No.

Registrar's No.

30859

99

1. PLACE OF DEATH:

- (a) County Wassonade Co
 (b) City or town Bland Rural (Bombsay Twp) Mo
 (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) 1

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

In this community 25 years
years, months or days3. (a) PRINT
FULL NAMEJoseph A Brown

3. (b) If veteran

name war

3. (c) Social Security

No.

4. Sex M.5. Color or
race W6. (a) Single, widowed, married,
divorced Married

6. (b) Name of husband or wife

Marie

6. (c) Age of husband or wife if

alive 69 years

7. Birth date of deceased

4
(Month)13
(Day)1866
(Year)

8. AGE:

Years

Months

Days

If less than one day

7847

hr. min.

9. Birthplace

Jearsey City
(City, town, or county)N. J.
(State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

12. Name Anthony Brown

13. Birthplace

Dott Knover
(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

1
(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

Marie Brown

(b) Address

Bland Mo

17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof

8-20-44
(Month) (Day) (Year)

(c) Place: burial or cremation

Catholic con

18. (c) Signature of funeral director

W. E. K. K. K. K. K.

(b) Address

St James Mo19. (a) September 1, 1944

(Date received local registrar)

(b) Myrtle M. Wendel

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State

Mo

(b) County

Wassonade

(c) City or town

Bland Rural
(If outside city or town limits, write "RURAL")

(d) Street No.

(If rural, give location)

(e) If foreign born, how long in U. S. A.?

years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 20
year 1944 hour 11:00 minute 0 A. M.

21. I hereby certify that I attended the deceased from

June 1, 1941, to Aug 20, 1944that I last saw him alive on Aug 19, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death

Arteriosclerosis

Duration

4 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

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

Address

William H. K. K. K. K. K.

(M. D. or other)

Date signed 8/20/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed ... 10-11-44

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 W. E. Luchlider.....

Licensed Embalmer No. 1970.....

P. O. Address St James 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, above space should be left blank.