V. S. No. 2
0M—8-43
ev. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34429

FILED NOV 14 1944

Registration District No. 1946 Primary Registration District No. 2001 Registrar's No. 513

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Johns Hosp (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community One Day years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County McDonald
(c) City or town Lanagan (If outside city or town limits, write "RURAL") 60
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Lafayette Brown

3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced D. 3
6. (b) Name of husband or wife Amanda Brown
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Mar (Month) 17 (Day) 1878 (Year)

8. AGE: Years 66 Months 7 Days 6 If less than one day hr. min.

9. Birthplace Huntsville (City, town, or county) Ark (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Same

FATHER
12. Name William M. Brown
13. Birthplace Mob Known (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mob Known
15. Birthplace Mob Known (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Genevieve Thompson
(b) Address Lanagan, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10 (Month) 23 (Day) 44 (Year)
(c) Place: burial or cremation Lanagan, Mo.
18. (a) Signature of funeral director R. M. Humphrey
(b) Address Pineville, Mo.
19. (a) 10-26-44 (Date received local registrar) (b) Gertrude Sudhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23 year 1944 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 22 4:30 PM, 1944, to None, 19..; that I last saw him alive on Oct 22-44, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Unknown Probably brain infection
Due to Nose and sinus infection
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

Duration

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

23. Signature Mrs Reid (M. D. or other)
Address Joplin, Mo Date signed 10/26/44

1204 (Licensed Embalmer's Statement on Reverse Side)

4-4-11-868

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 Perry K. Hurchel

Licensed Embalmer No. 959

P. O. Address Joplin 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, fact should be so stated above.