

S. No. 2
 OM-8-43
 v. 5-17-39
 X37823

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **38547**

FILED NOV 20 1944

Registration District No. **22**

Primary Registration District No. **3053**

Registrar's No. **128**

1. PLACE OF DEATH:
 (a) County Phelps
 (b) City or town Rolla
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Nellie McFarland Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 hrs. (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Phelps
 (c) City or town Rolla
 (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 Frank E. Brown, Jr.
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct day 16
 year 1944 hour 3 minute 20 P. M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased October 16, 1944
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from at birth 10/16/44 to 10/16/44, 1944
 that I last saw him alive on Oct 16, 1944
 and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days _____ If less than one day 3 hr. _____ min.

Immediate cause of death: Patent Foramen Ovale
 Duration _____

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

Due to _____
 Due to 157e

10. Usual occupation None

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

11. Industry or business _____

Major findings: Of operations none

12. Name Frank E. Brown

Of autopsy none

13. Birthplace Elwood Neb.
 (City, town, or county) (State or foreign country)

14. Maiden name Margaret Smith

15. Birthplace Homer Ohio
 (City, town, or county) (State or foreign country)

16. (a) Informant Frank E. Brown

(b) Address Ft. Wood, Mo

17. (a) Removal (b) Date thereof 10-17-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Ohio

18. (a) Signature of funeral director W. J. Smith

(b) Address Rolla, Mo

19. (a) 10-17-1944 (b) J. M. Maester
 (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?
 _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature R. E. Brown (M. D. or other) _____

Address Newbury Mo Date signed 10/16/44

1072- (Licensed Embalmer's Statement on Reverse Side)

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

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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 *J. Staccato*
Licensed Embalmer No. *3643*
P. O. Address *Cuba, 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.