S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6587

State File No. .....

Registration District No. 206 Primary Registration District No. 3042 Registrar's No. 9

1. PLACE OF DEATH:
(a) County Madison
(b) City or town Fredericktown
(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 ✓ (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Madison
(c) City or town Fredericktown RT 3 (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 62
(If rural, give location)
(e) Citizen of foreign country? ✓ no 8 (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME John William Brown
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Marish Jane Brown
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased April (Month) 18 (Day) 1859 (Year)

8. AGE: Years 85 Months 10 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Franklin Co. (City, town, or county) MO (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Self
FATHER
12. Name unknown
13. Birthplace " (City, town, or county) " (State or foreign country)
MOTHER
14. Maiden name Langley
15. Birthplace unknown (City, town, or county) " (State or foreign country)
16. (a) Informant Earle Brown
(b) Address 5256 Robin Ave St. Louis MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-45 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cem
18. (a) Signature of funeral director Webb & Holt
(b) Address Fredericktown, MO.
19. (a) Feb 24 1945 (Date received local registrar) (b) S. C. Slaughter (Registrar's signature)
481 By C. D. Schwanz

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Feb day 23 year 1945 hour 4:10 minute A. M.
21. I hereby certify that I attended the deceased from Jan 10-1945, 19..., to Feb 23, 1945 that I last saw him alive on Feb 22, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Heart just weakened till it could no longer stand
Due to the load.
Had no fever, no desire.
Due to to eat and no fever.
Senile Decay
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 162A
Of autopsy none

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) no
(b) Date of occurrence no.
(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 M. B. Barber (M. D. or other)
Address Fredericktown, MO Date signed 2-24-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 1

District File Number 345-346

Date Filed 3-7-45

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 John H. Holt

Licensed Embalmer No. 4264

P. O. Address Fredericktown, 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.