

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 19 1945

Registration District No. 336

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 44936121

State File No.

Registrar's No.

7325

1. PLACE OF DEATH:

(a) County SHANNON
(b) City or town RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bicknell Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community LIFE (Specify whether years, months or days)

3. (a) PRINT FULL NAME DAVID MORGAN BROWN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MAY 10 1963
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 6 28 hr. min.

9. Birthplace SHANNON Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation CARPENTER - FARMER

11. Industry or business _____

12. Name WILLIAM BROWN

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

14. Maiden name PAMELIA WHITTEN

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

16. (a) Informant Rob. Brown

(b) Address Van Buren Twp

17. (a) Burial (b) Date thereof 12-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brown Cemetery

18. (a) Signature of funeral director Phil A. Fenchel

(b) Address Van Buren Twp

19. (a) 2-9-45 (b) Frank R. Davis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shannon
(c) City or town Rural
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8
year 1944 hour 6 minute 20 P.M.

21. I hereby certify that I attended the deceased from Nov 1
1944 to Dec 8
that I last saw him alive on Dec 7
and that death occurred on the date and hour stated above.
Immediate cause of death Myocarditis

Due to age
Due to _____

Other conditions ulcers of stomach
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 11/12

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 R. D. Davis (M. D. or other) 0
Address _____ Date signed 12/12/44

Duration 2 yr
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 5,

District File Number

Date Filed

245-112

2-17-45-

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 12-8-44

working under my personal supervision. _____, Registered Apprentice No. _____

Signed

Philip A. Leuchel

Licensed Embalmer No.

2936

P. O. Address

Van Buren Tmo.

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.