S. No. 2
M—8-43
5-17-39
I X37823

10456

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 4 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 281 Primary Registration District No. 5968 Registrar's No.

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

4000

1. PLACE OF DEATH:

(a) County Polk

(b) City or town "Rural" S. Benton Twp.
(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)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84

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

(d) Street No. near Burns, Mo.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Allen Alonzo Brown

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Elizabeth Brown

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased March (Month) 30 (Day) 1872 (Year)

8. AGE: Years 72 Months 10 Days 16 If less than one day hr. min.

9. Birthplace Warren County (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Jim Brown
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jane Manley
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary E. Brown
(b) Address R.F.D. Bolivar, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 18, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethel Cemetery

18. (a) Signature of funeral director Hutcheson-Turpin
(b) Address Bolivar, Mo.

19. (a) (Date received local registrar) (b) Cora Wendle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16 year 1945 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from for several years 19 ; that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy — sudden — Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. H. Bridges (M. D. or other)
Address Bolivar Mo. Deceased

1389 (Licensed Embalmer's Statement on Reverse Side)

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 .....

Licensed Embalmer No. 3053

P.O. Address Bolivar, 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.