

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 12 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 140

Primary Registration District No. 4229

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Howard
(b) City or town New Franklin Mo.
(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) 1
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME THOMAS HENRY BROWN.

3. (b) If veteran, name war..... 3. (c) Social Security No. 702-10-2352

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edna Alpha Brown 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased April 20-1882
(Month) (Day) (Year)

8. AGE: Years 67 Months 9 Days 15 hr. min.

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

10. Usual occupation Labourer

11. Industry or business.....

MOTHER FATHER } 12. Name George Brown
13. Birthplace Penn. (City, town, or county) (State or foreign country)
14. Maiden name Catharine Lerner
15. Birthplace Howard Co. (City, town, or county) (State or foreign country)

16. (a) Informant Edna Brown
(b) Address New Franklin Mo.

17. (a) Burial (b) Date thereof 4/7/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel

18. (a) Signature of funeral director E. S. Duncan
(b) Address New Franklin Mo.

19. (a) 4-7-1945 (b) E. S. Duncan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5 year 1945 hour 3 minute 45 a. M.

21. I hereby certify that I attended the deceased from Mar 29 1945 to Apr 4 1945
that I last saw him alive on Apr 4 1945
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
Cerebral Haemorrhage 7 days

Due to.....
Due to.....

Other conditions Broncho-pneumonia 2 days
(Include pregnancy within 3 months of death)

Major findings: Of operations none
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).....
(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 G. F. Steinhilber (M. D. or other)
Address New Franklin Mo. Date signed 4-6-45

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

5-000

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

5/11/45

SEP 17 1954

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..... *H. L. Hall*

Licensed Embalmer No. *3515*

P. O. Address *New Franklin 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.