

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF HEALTH
BUREAU OF THE CENSUS
FILED JUL 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21544
Registrar's No. 69

Registration District No. 360 Primary Registration District No. 3076

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

1. PLACE OF DEATH:
(a) County Jennison
(b) City or town Nebraska
(c) Name of hospital or institution: Nebraska Hospital
(d) Length of stay: In hospital or institution 2 days
In this community all his life years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jennison
(c) City or town Nebraska
(d) Street No. Rt 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Floyd Gerald Brown
(b) If veteran, name war. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 29 year 1945 hour 6 minute 15 A.M.
21. I hereby certify that I attended the deceased from May 27, 1945, to May 29, 1945
that I last saw him alive on May 29, 1945
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years
7. Birth date of deceased: April 4 1936 (Month) (Day) (Year)

Immediate cause of death General metastasis of kidney
Due to Milms tumor of kidney
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: 56
Of operations
Of autopsy

8. AGE: Years 9 Months 1 Days 28 If less than one day hr. min.
9. Birthplace Miss Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Student

11. Industry or business
12. Name Arifus Emmett Pharr
13. Birthplace Loa Kansas
14. Maiden name Jessie Halfaday
15. Birthplace Albin Iowa

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

16. (a) Informant Arthur A Brown
(b) Address W. R. I. mo
17. (a) Burial (b) Date thereof May 31 1945
(c) Place: burial or cremation Miss. Mo.
18. (a) Signature of funeral director Ferry Funeral Home
(b) Address Nebraska, Mo.
19. (a) 6-6-45 (b) Boyl B. Burch
(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?
While at work? (Specify type of place) (e) Means of injury
23. Signature F. L. Martin (M. D. or other) M.D.
Address Nebraska Date signed 6-6-45

RECORDED

Dis. Officer No. 7,

Dis. No. 6-45-650

Date Filed 7-11-45

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 me

Registered Apprentice No.

working under my personal supervision.

Signed

L B Ferry

Licensed Embalmer No.

1760

P. O. Address

Nevada 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.