. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 23 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

F. C. Suggett

State File No. 26775

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 212

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Boone Co. Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community all of his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone 10
(c) City or town Centralia 1
(If outside city or town limits, write "RURAL")
(d) Street No. ✓ 0
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No) 1
If yes, name country ✓

3. (a) PRINT FULL NAME John L Brown

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Oct (Month) 22 (Day) 1882 (Year)

8. AGE: Years 62 Months 9 Days 12 If less than one day hr. min.

9. Birthplace Monroe Co Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business ✓

FATHER
12. Name James M Brown
13. Birthplace Monroe Co Mo 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Ann Creasman
15. Birthplace Monroe Co Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant J. L. Brown
(b) Address 101 Locust, Columbia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/6-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Centralia Mo, Cem

18. (a) Signature of funeral director M. M. McDonald
(b) Address Centralia Mo

19. (a) 8/6-1945 (Date received local registrar) (b) Edna H. Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4th year 1945 hour minute M.

21. I hereby certify that I attended the deceased from Aug-1-, 1945, to Aug-4, 1945 that I last saw him alive on Aug-4, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemiplegia	
Due to Hypertension + Chronic nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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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 F. C. Suggett (M. D. or other) M. D.
Address Columbia, Date signed 8-6-45

1250 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 8-22-45

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 M D McDonald

Licensed Embalmer No. 4313

P. O. Address Centralia 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.