

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33374

State File No. _____
Registrar's No. 316

Registration District No. 53 Primary Registration District No. 3010

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 56 minutes
(Specify whether
In this community 9 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 322 Rear So. Fountain St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jesse Brown
3. (b) If veteran, name war World War 2 3. (c) Social Security No. 486-28-5429

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 3
year 1945 hour 11 minute 20 A. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Kessey Miller 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 18th 1899
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____,
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
46 6 15 hr. _____ min.

Immediate cause of death Acute Gastritis
Due to _____
Due to _____

9. Birthplace Cypress Illinois
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____
Duration _____

10. Usual occupation Employee of Sunny Hill
11. Industry or business Dairy of Cape Girardeau

MOTHER FATHER { 12. Name Joe Brown
13. Birthplace Don't know 9
(City, town, or county) (State or foreign country)
14. Maiden name Lizzie Poole
15. Birthplace Don't know 9
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(c) 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) Means of injury _____

16. (a) Informant Mrs. Eva Poole
(b) Address Cape Girardeau, Missouri
17. (a) Removal (b) Date thereof Oct. 4 '45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Vienna, Ill.

23. Signature D. J. St. Simon (Registrar's signature)
Address Jackson, Mo Date signed 10/14/45

18. (a) Signature of funeral director L. L. Haman
(b) Address Cape Girardeau, Mo
19. (a) 10-8-45 (b) F. W. Phelps
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 4

District File Number 1045-1207

Date Filed 10-18-45

MAR 11 1946

OCT 24 1945

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.....

Lee Townes

, Registered Apprentice No. 376

working under my personal supervision.

Signed.....

D. P. Haman

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau, Missouri

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.