

No. 2
4-2-43
5-17-39
1 X35597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 30 1945
Registration District No. 278

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 5955

38214

State File No. _____
Registrar's No. _____

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Rural (Chil River) Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: East of Drankard
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pike
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. East of Drankard
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 14
year 1945 hour _____ minute _____ M.
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.

4. Sex Male
5. Color or race Colored
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife _____
(c) Age of husband or wife if alive 2 years
7. Birth date of deceased Dec 25 1876
(Month) (Day) (Year)

Immediate cause of death Heart Coronary Thrombosis
Duration _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy 94%

8. AGE: Years Months Days If less than one day
68 9 18 2 hr. 2 min.
9. Birthplace Pike County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer
11. Industry or business Farm
12. Name Jack Brown
13. Birthplace Wm Knauer
(City, town, or county) (State or foreign country)
14. Maiden name Wm Knauer
15. Birthplace Wm Knauer
(City, town, or county) (State or foreign country)

16. (a) Informant J. A. Dodson
(b) Address Louisiana, Mo.
17. (a) Burial (b) Date thereof 10/16/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Louisiana, Mo.
18. (a) Signature of funeral director Harnett Stone
(b) Address Louisiana, Mo.
19. (a) 10/16/45 (b) Margaret E. Stephens
(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 3
23. Signature J. A. Dodson (M. D. or other) _____
Address Louisiana, Mo. Date signed 10-15-45

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

MOTHER FATHER

1593

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 11-45-1722

Date Filed _____

NOV 27 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed J. B. Stern

Licensed Embalmer No. 4039

P. O. Address Lawrence 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.