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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 1 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24295

State File No.

Registration District No. 293 Primary Registration District No. 600-3 9043 Registrar's No. 15

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3435 Moberly Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town Oakwood 0
(If outside city or town limits, write "RURAL")

(d) Street No. 3435 Moberly ave 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Henry Brown

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Nov. (Month) 18 (Day) 1874 (Year)

8. AGE: Years 74 Months 6 Days 3 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Chas. H. Brown

13. Birthplace Phil. (City, town, or county) P.A. (State or foreign country)

MOTHER 14. Maiden name Caroline Mallett

15. Birthplace Maryland (City, town, or county) (State or foreign country)

16. (a) Informant Irma McCloud

(b) Address 3435 Moberly Oakwood MO

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

(c) Place: burial or cremation Mt Olivet Cemetery MO

18. (a) Signature of funeral director James O'Donnell

(b) Address Hannibal MO

19. (a) June 1, 46 (Date received local registrar) (b) H. T. Walters (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1946 hour minute 12 10 P.M.

21. I hereby certify that I attended the deceased from April 1, 1946, to April 22, 1946, that I last saw him alive on April 10, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	7
Due to: Arteriosclerosis	5
Due to:	
Other conditions (Include pregnancy within 3 months of death): 93	
Major findings: Of operations	
Of autopsy	

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 (M. D. or other)

Address Hannibal Mo Date signed Apr 27, 46

189 (Licensed Embalmer's Statement on Reverse Side)

X-1

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 N. M. O'Donnell

Licensed Embalmer No. 3889

P. O. Address Hannibal 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.