

S. No. 2
M-2-43
5-17-39
P 1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 31 1946

Registration District No. 213

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5915

State File No. 41567

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Perry
(b) City or town Rural Central Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R. J. D. #4, 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Perry 79
(c) City or town Rural
(If outside city or town limits, write "RURAL.")
(d) Street No. R. J. D. #4
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frank Lawrence Brown

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mary Bleckle 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased October 8, 1866
(Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Perry County Mo.
(City, town, or county) (State of foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name William Brown, 9

13. Birthplace Yankton, S.D.
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Plummer

15. Birthplace Unknown, 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Brown

(b) Address Perryville, Mo. R. 4

17. (a) Burial (b) Date thereof 12-17-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Boniface Cemetery

18. (a) Signature of funeral director Ray Tubertal Home
(b) Address Perryville, Mo.

19. (a) Dec 20 46 (b) J. J. Walker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14th
year 1946 hour 12:30 minute P. 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.

Immediate cause of death Coronary Stenosis

Due to Passable blood poisoning

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 92P
Of autopsy _____

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) (Specify means of injury) 0

23. Signature R. J. Walker (M. D. or other) _____
Address Perryville, Mo. Date signed 12/20/46

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

250 (Licensed Embalmer's Statement on Reverse Side)

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

40380

RECEIVED

District Health Officer No. 4

District File Number 1246-303

Date Filed 12-30-46

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 *Le Roy J. Schindler*

Licensed Embalmer No. 4175

P. O. Address. Perryville, 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.