

No. 2  
-12-45  
5-17-39  
I X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3917

State File No. \_\_\_\_\_

FILED FEB 25 1947

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 57

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

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:  
Ellis Fischel Mo. State Cancer Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Four days (Specify whether 0)  
In this community 50 Years  
(years, months or days)

3. (a) PRINT FULL NAME Brown, Augustus Tapscott

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased September 4 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 5 17 hr. min.

9. Birthplace: Audrain Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Geo. W. Brown

13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Harris

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

16. (a) Informant Kate Smith (sister)

(b) Address 9938 Exchange Ave., Chicago, Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-47  
(Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Parker Funeral Service

(b) Address Columbia, Mo.

19. (a) 2-22-47 (Date received local registrar) (b) Mrs. R.E. Palmer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone  
(c) City or town Columbia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 104 Ripley (Wilhite Conv. Home)  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21  
year 1947 hour 6:45 minute \_\_\_\_\_ a. M.

21. I hereby certify that I attended the deceased from February 17 1947 to February 21 1947  
that I last saw him alive on February 21 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction Duration 2 weeks.

Due to Carcinoma of the Sigmoid colon. Unknown

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations H&E

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature H. M. Wiley (M. D. or other) \_\_\_\_\_

Address Columbia, Mo. Date signed 2-21-47

31

RECEIVED  
District Health Officer No. 9,  
District File Number \_\_\_\_\_  
Date Filed \_\_\_\_\_

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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.