

No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18178
Registrar's No. 62

FILED JUN 3 1947

Registration District No. 217

Primary Registration District No. 4329

1. PLACE OF DEATH:

(a) County Mississippi

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

(c) Name of hospital or institution:
1 1/4 mi S.E. of Wyatt
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 58 years
(Specify whether years, months or days)

In this community 58 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

(c) City or town Wyatt, Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 1 1/4 mi. S.E. of Wyatt
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Joseph Perfectus 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 Widowed

6. (b) Name of husband or wife De'cd

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

7. Birth date of deceased August 5, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

66	9	5	hr. min.
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9. Birthplace Mead Co., Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER

12. Name James Elbert Brown

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

14. Maiden name Malissa Greenwell

15. Birthplace Mead Co., Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant C. H. Brown,

(b) Address Wyatt, Missouri.

17. (a) Burial (b) Date thereof 5-13-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery, Charleston, Missouri

18. (a) Signature of funeral director Charles H. Bondurant

(b) Address Charleston, Missouri.

19. (a) 5-31-47 (b) Mrs. John Bondurant
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th
year 1947 hour 10:00 minute P. M.

21. I hereby certify that I attended the deceased from March 27, 1947, to 5/10, 1947
that I last saw h. 104 alive on 5/10, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis to base

Duration _____

Due to _____

Due to _____

Other conditions Unrelieved Pneumonia
(Include pregnancy within 3 months of death)

Major findings: none

Of operations _____

Of autopsy none

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 E. Chas. Selwyn (M. D. or other) _____

Address Charleston, Mo. Date signed 5/28/47

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2

District File Number 647-197

Date Filed 6-2-47

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 Edward E. Pennington

Licensed Embalmer No. 4164

P. O. Address Charleston, W. Va.

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.