

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

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **113400**

FILED APR 29 1948
Registration District No. **297**

Primary Registration District No. **3045**

Registrar's No. **33**

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

1. PLACE OF DEATH:

(a) County Mississippi

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

(c) Name of hospital or institution:
511 So. Main St., 1
(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 All of life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Henry Morton Brown

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mayme Brown

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased November 14th, 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	4	17	hr. _____ min.

9. Birthplace Charleston, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Coal Dealer

11. Industry or business Retired

MOTHER FATHER

12. Name James M. Brown

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

14. Maiden name Laura Sayers

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Annie Ostner,
Charleston, Mo

(b) Address _____

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 4/3/48
(Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. Cemetery - Charleston, Mo

18. (c) Signature of funeral director John Bonderant

(b) Address Charleston, Mo

19. (a) 4-21-48
(Date received local registrar)

Mrs. John Bonderant
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi **67**

(c) City or town Charleston,
(If outside city or town limits, write "RURAL") **1/2**

(d) Street No. 511 So. Main St.,
(If rural, give location) **5**

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st
year 1948 hour 10 minute 30 M.

21. I hereby certify that I attended the deceased from Apr 16 1948, to Apr 1 1948,
that I last saw him alive on Mar 30 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death... Generalized arteriosclerosis cerebral arteriosclerosis 2 yrs +

Due to _____

Due to _____

Other conditions Branchiectasis **5 yrs +**
(Include pregnancy within 3 months of death)

Major findings: none

Of operations _____

Of autopsy none

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) _____

(c) Means of injury _____

23. Signature John Bonderant (M. D. _____)

Address Charleston, Mo Date signed 4/14/48

RECEIVED

District Health Office No. 2,

District File Number 448-540

Date Filed 4-26-48

REC'D 31 MAR 1948

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 John F. Nunnlee Jr
.....
Licensed Embalmer No. 3851

P. O. Address Charleston, 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.