

U.S. No. 2
FORM-5-43
Rev. 5-17-39
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15540

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 21 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 162

Registration District No. 43

Primary Registration District No. 3007

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

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution Poplar Bluff Hospital
(If not in hospital or institution, give street number or location)

(d) Length of stay: In hospital or institution few hours
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Richard Joseph 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 Mattie Brown

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

7. Birth date of deceased February 19 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	2	14	hr. min.

9. Birthplace unknown Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business _____

12. Name Joseph Brown

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

14. Maiden name Charlotte Scholt

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

16. (a) Informant Willis Brown

(b) Address Campbell, Mo.

17. (a) Burial (b) Date thereof 5-5-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation woodlawn

18. (a) Signature of funeral director Landes Funeral Home

(b) Address Campbell, Missouri

19. (a) 5/14/48 (b) R. W. Mueller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

(c) City or town Campbell 35
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____ 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd
year 1948 hour _____ minute 4:00 A.M.

21. I hereby certify that I attended the deceased from May 2 1948 to May 3 1948
that I last saw him alive on May 2
and that death occurred on the date and hour stated above.

Immediate cause of death acute obstruction of bowels

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

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? _____

23. Signature R. W. Mueller (M. D.)
Address Campbell, Mo. Date signed 5/8/48

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

SUPPLEMENTARY INFORMATION REQUESTED

DEC 2 1948

RECEIVED

District Health Office No. 2,

District File Number 548-640

Date Filed 5-18-48

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 Christina M. Londer

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.