

Rev. 5-17-39  
I X 1031

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 4 1940  
348

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 6733  
Registrar's No. 11704

Registration District No. 348 Primary Registration District No. 4206

1. PLACE OF DEATH:  
(a) County Henry  
(b) City or town Brownington Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1 2  
(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  
3. (a) PRINT FULL NAME James M. Afouse  
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 divorced  
6. (b) Name of husband or wife Mary M. Afouse 6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased November 18th 1871  
(Month) (Day) (Year)

8. AGE: Year 68 Months 3 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation laborer

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name Daniel M. Afouse  
13. Birthplace unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Messie King  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. G. H. Stewart  
(b) Address Halls, Tex.

17. (a) Burial (b) Date thereof Feb 23 - 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BROWNINGTON MO

18. (a) Signature of funeral director J. M. HURSE  
(b) Address W. S. P. Water, MO

19. (a) 2-23-1940 (b) C. D. Taylor M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Henry  
(c) City or town Brownington  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21  
year 1940 hour 9 minute 20 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_ to Feb 21, 1940;  
that I last saw him alive on Feb 21, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Shot wound of head  
Duration Died in 30 minutes

Due to Self-inflicted wound

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

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
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) Apparent suicide  
(b) Date of occurrence Feb 21, 1940

(c) Where did injury occur? Brownington Henry MO  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In garage at residence  
(Specify type of place) (e) Means of injury \_\_\_\_\_

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28. Signature S. B. Hughes (M. D. or other) \_\_\_\_\_  
Address Crown Henry Co., Clinton, Mo Date signed 2/21/40

RECEIVED

District Health Officer No. 7,

District File Number 2-40-317

Date Filed 2-29-40

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 Tom Hunt

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Tom Hunt

Licensed Embalmer No. 2782

P. O. Address Deerwater, Me

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, above space should be left blank.