

FILED OCT 10 1942

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 183

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution:
Home 917 N Main
(If not in hospital or institution, write street number or location)

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

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

(c) City or town Clinton Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 917 N Main
(If rural, give location)

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

3. (a) PRINT FULL NAME STERLING LEE BROWN

3. (b) If veteran, name war ✓

3. (c) Social Security No. 490-05-9227

4. Sex M

5. Color or race Cal

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

6. (b) Name of husband or wife Leitic

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

7. Birth date of deceased July 23 1913
(Month) (Day) (Year)

8. AGE: Years 29 Months 2 Days 1
If less than one day _____ hr. _____ min.

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

10. Usual occupation Garage man

11. Industry or business _____

12. Name Chas Brown

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

14. Maiden name Julia Sundell

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

16. (a) Informant Julia S. Brown

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof Sept 29 - 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton Cal cemetery

18. (a) Signature of funeral director Spore & Son

(b) Address Clinton Mo

19. (a) Sept. 29 1942 Georgia Kitchen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24 year 1942 hour 4 PM minute _____ M.

21. I hereby certify that I attended the deceased from Sept 17 1942 to Sept 24 1942
that I last saw h. i. m. alive on Sept. 24 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Subacute Bacterial Endocarditis 6 weeks

Due to Sepsisemia but kind undetermined

Due to Suspicious Typhoid Fever

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? _____

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

23. Signature Eugene D. Newell (M. D. or other) _____
Address Clinton Mo Date signed 9-28-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

42
1
2

42
1
2

JUN 9 1962

RECEIVED
District Health Officer No. 7,
District File Number 10-42-1107
Date Filed 10-8-42

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 W. Kenneth Jackson
Licensed Embalmer No. 3954
P. O. Address Clinton 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.