

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34348

State File No. _____

FILED NOV 13 1942

Registration District No. 227

Primary Registration District No. 4339

Registrar's No. 635

1. PLACE OF DEATH:

(a) County Monroe
(b) City or town Paris
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Monroe Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community Apartment years, months or days)

3. (a) PRINT FULL NAME Henderson Brown

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced divorced
(b) Name of husband or wife Minnie Red-Brown 6. (c) Age of husband or wife if alive deceased
7. Birth date of deceased Feb 4 1860 (Month) (Day) (Year)

8. AGE: Years 82 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name John A. Blount

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

14. Maiden name Mary Adkins

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

16. (a) Informant Madison

(b) Address Madison

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 14-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Madison

18. (a) Signature of funeral director Paul W. Thompson

(b) Address Madison

19. (a) 10-13-42 (Date received local registrar) (b) E. A. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Monroe
(c) City or town Rural (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? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12th day Oct year 1942 hour 8 a m minute 0 M.

21. I hereby certify that I attended the deceased from Oct 6th 1942 to Oct 12 1942

that I last saw him alive on Oct 12 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Severe burns of legs and body caused by clothing catching fire in garden on Oct 11, 42
Due to while burning path
Due to _____

Other conditions (Include pregnancy within 5 months of death)

Major findings: Of operations

Of autopsy

Duration

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) Barred Accidental
(b) Date of occurrence Oct 11 1942
(c) Where did injury occur In garden of Madison (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On his farm

While at work? yes (Specify type of place) (c) Means of injury Burns

23. Signature M. C. McMurphy (D. or other) Address Paris Mo Date signed 10-13-42

1274 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 11-42-2036

Date Filed NOV 12 1942

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.....

Licensed Embalmer No. 1470

P. O. Address Madison, 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 34348Registration District No. 227Primary Registration District No. 4339Registrar's No. 2365

1. PLACE OF DEATH:

- (a) County maine
(b) City or town Sumner
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 Henderson Brown

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced.
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. year
7. Birth date of deceased Feb 4 (Month) (Day) (Year)

8. AGE: Years 82 Months Days If less than one day
hr. min.

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

10. Usual occupation.

11. Industry or business.

12. Name.

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

14. Maiden name.

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

16. (a) Informant MRS WM HUGLEY
(b) Address MADISON, MO.

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

(c) Place: burial or cremation.

18. (a) Signature of funeral director.

(b) Address.

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State. (b) County.
(c) City or town. (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb year 1942 hour 12 day minute. M.

21. I hereby certify that I attended the deceased from 19 to 19; that I saw him alive on and that death occurred on the date and hour stated above. Immediate cause of death. Duration

Due to.

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)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(b) 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 (M. D. or other)

Address Date signed

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

1942

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