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5-17-39
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10314

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

ED MAR 16 1943 / 137
Registration District No.

Primary Registration District No. 4217

Registrar's No. 39

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

10200

1. PLACE OF DEATH:

(a) County HENRY Wich

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

(c) Name of hospital or institution: 1 ✓
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yr. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County HENRY ⁴³

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

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

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

3. (a) PRINT FULL NAME JAMES S 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 Married

6. (b) Name of husband or wife Ruby 6. (c) Age of husband or wife if alive 1 years

7. Birth date of deceased 6-25-1860
(Month) (Day) (Year)

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

82 6 18 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Ruby a Brown

(b) Address Wich mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-43 (Month) (Day) (Year)

(c) Place: burial or cremation Wich Cem

(a) Signature of funeral director F. J. ...

(b) Address Clinton mo

February 16 1943 Georgia Kitchen
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 13 year 1943 hour 8 minute PM

21. I hereby certify that I attended the deceased from Dec 24 1942 to Dec 27 1942 and that I last saw him alive on Dec 27 1942 and that death occurred on the date and hour stated above.

Immediate cause of death General Anesthesia

Due to mitral regurgitation

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 92 f

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)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work? (e) Means of injury

23. Signature J. W. Gubbeath (M. D. or other) 0

Address Wich mo Date signed 1-14-43

1069

RECEIVED
District Health Officer No. 7
District File Number 2-43-71
Date Filed 3-8-43

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

GL WILKINSON Registered Apprentice No. 347

working under my personal supervision.

Signed Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.