

S. No. 2
M-542
v. 5-17-39
X3287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14412

State File No. _____

FILED MAY 10 1943 7

Primary Registration District No. 5520

Registrar's No. 74

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

12
0
0

1. PLACE OF DEATH:

(a) County Henry

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

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

(d) Length of stay: In hospital or institution 19 years (Specify whether years, months or days)

In this community 19 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

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

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

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

3. (a) PRINT FULL NAME Francis Marion Brown

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1943 hour 3:00 a minute _____ M.

21. I hereby certify that I attended the deceased from March 17, 1943 to March 21, 1943
that I last saw him alive on March 21, 1943
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary Clark Brown

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased October 8 1881
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage

Due to Arterial Sclerosis

Other conditions (Include pregnancy within 3 months of death) None

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

61 5 14 hr. _____ min.

Due to _____

Other conditions _____

Major findings: Of operations None

Of autopsy None

9. Birthplace Henry County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Samuel Brown

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

14. Maiden name Anna Morgan

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

16. (a) Informant Mrs. Frank M. Brown

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 3-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Missouri

19. (a) April 6, 1943 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature)

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. B. Blackmore (M. D. or other) M.D.
Address Windsor, Mo. Date signed 3-22-43

Duration 4 1/2 days

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number

4-43-171

Date Filed

5-6-43

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Eldred Fenton

Licensed Embalmer No. 3391

P. O. Address *Windsor 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.