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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 10 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 137 Primary Registration District No. 5-5-02-5515 Registrar's No. 1

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution:  
in Huntingdale Shriners temp  
(If not in hospital or institution, write street number or location)

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

In this community 82 yrs 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. in Huntingdale  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ferdinand C. Brown

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28 year 1943 hour 12 minute 45 A.M.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Frances Brown

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

7. Birth date of deceased: (Month) 7 (Day) 9 (Year) 1861

21. I hereby certify that I attended the deceased from Dec 22 1943, to Dec 28 1943; that I last saw him alive on Dec 27 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Influenza

8. AGE: Years 82 Months 5 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

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

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

10. Usual occupation Farmer

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

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Ferdinand Brown

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

14. Maiden name \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Albert Southern

(b) Address Clinton Mo

17. (a) Rural (b) Date thereof 12 30 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paul Cemetery

18. (a) Signature of funeral director Paul Williamson

(b) Address Clinton Mo

19. (a) January 3, 1944 Georgia Kitcher  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury D

23. Signature H. D. Walker (M. D. or other) MD

Address Clinton Mo Date signed 1-1-44

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

1069

(Licensed Embalmer's Statement on Reverse Side)

N. S. N.

RECEIVED

District Health Officer No. 71 151

File Number 1-44-150

2-9-44

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

*Fred W. Kussner*

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 comply with the above constitutes grounds for revocation of license.)

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