

17047

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 14 1945

Registrar's No. 104

Registration District No. 137

Primary Registration District No. 3023

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

1. PLACE OF DEATH:
 (a) County Henry
 (b) City or town Clinton mo
(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 _____
(Specify whether
 In this community all 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. Fairview add.
(If rural, give location)
 (e) Citizen of foreign country? _____
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME FRANK BROWN
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 5 day 16
 year 1945 hour 10 minute AM

4. Sex M
 5. Color or race W
 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from 10-15-1945 to 5-16-1945
 and that death occurred on the date and hour stated above.
 Immediate cause of death: Anaemia

8. AGE: Years 73 Months 3 Days 9
 If less than one day hr. _____ min. _____

Due to Urinary retention
Exacerbated Prostate
 Other conditions (include pregnancy within 3 months of death) 1376

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

Major findings: Of operations None
 Of autopsy None
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 12. Name Henry Brown
 13. Birthplace Don't know
(City, town, or county) (State or foreign country)
 14. Maiden name Martha Thomas
 15. Birthplace Don't know
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs Paul H. Hoke
 (b) Address Clinton mo
 17. (a) Burial (b) Date thereof 5-18-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Egglewood

While at work? _____
(Specify type of place)
 Means of injury _____
 23. Signature Dr. O. P. Taylor
 Address Clinton Mo Date signed 5/18/45

18. (a) Signature of funeral director Charles W. Consoler
 (b) Address Consoler & Beebe
 19. (a) May 17 (b) Myrtle Krawiec
(Date received local registrar) (Registrar's signature)

1391

RECEIVED

Health Officer No. 7,

License Number 9-45-56-1

Date Filed 6-13-45

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 *J. E. Conzola*
Licensed Embalmer No. *1891*
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.