

LEED JAN 12 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

41692  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Franklin Primary Registration District No. 1002 Registered No. 4758  
 (c) City Keosauqua City (d) Street No. 729 (If death occurred in Hospital or Institution, write its name instead of street and number) St. Mo  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. 6 (f) How long in U. S., if of foreign birth? yrs. mos. ds. 6

2. PRINT FULL NAME

(a) Residence, No. 3026 Walnut St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Matha Brown  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6/89  
 7. AGE YEARS 89 MONTHS 9 DAYS 9 If LESS than 1 day, ..... hrs. or ..... min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keosauqua Mo

FATHER 13. NAME John Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keosauqua Mo

MOTHER 15. MAIDEN NAME Nancy Clark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keosauqua Mo

17. INFORMANT (ADDRESS) New d Clark

18. BURIAL, CREMATION, OR REMOVAL PLAC. Keosauqua DATE 12-7-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walter B. Sapel  
236 Campbell St

20. FILED Dec 7 1938 M. M. Crowe  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-6-1938

22. I HEREBY CERTIFY, That I attended deceased from 11-14-1938 to 12-6-1938  
 I last saw him alive on 12-6-1938 Death is said to have occurred on the date stated above, at 6:35 a m  
 The principal cause of death and related causes of importance were as follows:

bleed coronary infarc.  
tion & sclerosis; Cystitis  
Chronic and Prostatitis  
 Other contributory causes of importance: g4B

Name of operation..... Date of.....  
Perineal Prostatectomy

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify.....  
 (Signed) W. B. Sapel, M. D.

(Address) 236 Campbell St  
Keosauqua Mo

WRITE PLAINLY, WITH OBTAINING THE THIS I X-14023 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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.....

P. O. Address.....

**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, above space should be left blank.**