

REC'D FEB 23 1939

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

3987  
 Do not use this space.

## 1. PLACE OF DEATH

(a) County SalineRegistration District No. 796

(b) Township

Primary Registration District No. 3138Registered No. 31(c) City Marshall

(d) Street No.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds.

(f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Lemuel Wallace Brown(a) Residence, No. 768 West Jackson St. 

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFNealy L. Brown6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1888

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1  
day, ..... hrs.  
or ..... min.5061

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Truck driver

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)Saline County  
Missouri

FATHER

13. NAME Charles W. Brown14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Lee County  
Iowa

MOTHER

15. MAIDEN NAME Sarah E. Compton16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Saline County  
Missouri17. INFORMANT  
(ADDRESS)Mrs. W. Brown  
Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Philys. ParkDATE Feb. 17193919. FUNERAL DIRECTOR (NAME)  
(ADDRESS)Campbell-Lewis  
Marshall, Mo.

20. FILED

2-16-39 Mary Kent  
Sup. of Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from

Feb. 13, 1939 to Feb. 15, 1939I last saw him alive on Feb. 14, 1939. Death is saidto have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

Lobar PneumoniaDate of onset  
2-9-39

Other contributory causes of importance:

Injury Dec. 15-1938.  
Struck by train and had  
not fully recovered

Name of operation

Date of

What test confirmed diagnosis? Chester. Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury 12-15-39

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? No

If so, specify

(Signed)

(Address)

A. J. Putnam  
Marshall Mo, M. D.

**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, \_\_\_\_\_

*Jan N. Rensis*

or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed *Jan N. Rensis*

Licensed Embalmer No. *1171*

P. O. Address *Marshall, 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, above space should be left blank.**