

REC'D MAY 18 1939

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

15249  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 431  
(b) Township \_\_\_\_\_ Primary Registration District No. 3023  
(c) City Warrensburg or \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(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. da. (f) How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos. da.

2. PRINT FULL NAME

(651) Joseph F. Brown  
(a) Residence, No. 420 W. South St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Peril F. Brown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 19, 1881</u>		
7. AGE YEARS <u>57</u>	MONTHS <u>10</u>	DAYS <u>7</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>clerk</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>grocery</u>	
	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) <u>Pettis Co. Mo.</u>		
FATHER	13. NAME <u>J. W. L. Brown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N. Carolina</u>	
MOTHER	15. MAIDEN NAME <u>Caroline Pitts</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UNKNOWN</u>	
17. INFORMANT <u>Mrs. Joe F. Brown</u> (ADDRESS) <u>420 W. South Warrensburg Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Hocker Cem. Jackson Co. Mo.</u> DATE <u>April 26, 1939</u>		
19. FUNERAL DIRECTOR (NAME) <u>W. F. Wilcox Funeral Service</u> (ADDRESS) <u>Warrensburg Mo.</u>		
20. FILED <u>Apr 27, 1939</u> <u>Earl G. Bentley</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to April 26, 1939

I last saw him alive on April 25, 1939 Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Date of onset 4-26

Other contributory causes of importance: \_\_\_\_\_

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? CTN Was there an autopsy? No

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? No

If so, specify \_\_\_\_\_

(Signed) E. R. Cooper, M. D.  
(Address) Warrensburg, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 6/24/39

**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.....

..... *Donald W. Turpin* ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed..... *Donald W. Turpin* .....

Licensed Embalmer No. .... *3053* .....

P. O. Address. *Warrensburg 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.