

BUREAU OF THE CENSUS
APR 18 1940MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10870

Registration District No. 286

Primary Registration District No. 5404B.

Registrar's No.

1. PLACE OF DEATH:

(a) County Dunklin
 (b) City or town near Holcomb & Campbell
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
 (Specify whether
 In this community 51 yrs.
 years, months or days) 1 1/2

3. (a) PRINT FULL NAME

John N. Brown3. (b) If veteran,
name war 3. (c) Social Security
No.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married,
divorced
 6. (b) Name of husband or wife 6. (c) Age of husband or wife if
alive years
 7. Birth date of deceased April-14 ✓
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 11 15 hr. min.

9. Birthplace Ky. /
(City, town, or county) (State or foreign country)10. Usual occupation Farming11. Industry or business

MOTHER FATHER
 12. Name Thomas Brown /
 13. Birthplace Ky. /
 (City, town, or county) (State or foreign country)
 14. Maiden name Jean Younger /
 15. Birthplace Ky. /
 (City, town, or county) (State or foreign country)

16. (a) Informant Brother
(b) Address Holcomb, Mo17. (a) Burial (b) Date thereof Mar. 30-40
(Burial, cremation or removal) (Month) (Day) (Year)(c) Place burial or cremation Copass18. (a) Signature of funeral director London James
(b) Address Campbell Mo.19. (a) 4-10-1940 (b) Henderson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
 (c) City or town near Holcomb & Campbell
 (If outside city or town limit, write "RURAL")
 (d) Street No. Campbell mo R.F. dr.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 29
year 1940 hour 2:45 minute A. M.21. I hereby certify that I attended the deceased from March
26, 1940, to March 29, 1940
that I last saw him alive on March 28, 1940
and that death occurred on the date and hour stated above.Immediate cause of death acute degeneration Duration Due to Due to Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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?
259

While at work? (Specify type of place)
(e) Means of injury 23. Signature John L. Brown (M. D. or other)
Address Campbell mo Date signed 3/25/40

RECEIVED

District Health Officer No. 2

District File Number 440-96

Date Filed 4/17/40

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10870

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 286

Primary Registration District No. 2404B

Registrar's No.

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

1. PLACE OF DEATH:

(a) County DeWitt
(b) City or town Walcott
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME John N. Brown

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced.....

6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if alive..... years

7. Birth date of deceased..... (Month) 4-14-1868 (Day) apr (Year) 1868

8. AGE: Years 71 Months 11 Days 13 If less than one day hr. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) 4-10-40 (Date received local registrar) (b) J. Anderson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town..... (If outside city or town limits write "RURAL")
(d) Street No..... (If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 29 year 1940 hour..... minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw h..... alive on....., 19....., and that death occurred on the date and hour stated above.
Immediate cause of death.....

Due to.....

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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.....

23. Signature John L. Brown (M. D. or other)

Address Campbell Date signed no

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTAL

5-10870
0761
1940