

APR 23 1940

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

11149
Do not use this space.

1. PLACE OF DEATH

(a) County Howard Registration District No. 387
 (b) Township Dry Creek Primary Registration District No. 2540
 (c) City Alden, Mo. (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

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
Infant Son of Cecil Brower
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ma 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-4-1940
 7. AGE YEARS MONTHS DAYS If LESS than 1
3 hrs. 40 min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
 9. Industry or business in which work was done, as saw mill, bank, etc. Infant
 10. Date deceased last worked at this occupation (month and year) _____ Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alden, Mo.

FATHER 13. NAME Cecil Brower

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alden, Mo.

MOTHER 15. MAIDEN NAME Dorothy Van Winkle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rounders Ark

17. INFORMANT (ADDRESS) Cecil Brower Alden, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE W. Zion DATE 2-6-1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) none

20. FILED 3-7-1940 Don Cage Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-5-1940
 22. I HEREBY CERTIFY, That I attended deceased from 2-4-1940 to 2-4-1940
 I last saw him alive on 2-4-1940 Death is said to have occurred on the date stated above, at 12:50 p.m.
 The principal cause of death and related causes of importance were as follows:

Premature Birth Date of onset _____
 Other contributory causes of importance: 15A

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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. P. Dent Green, M. D.
 (Signed) _____ (Address) West Plains, Mo.

WHITE 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.

I X16605

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.

District Health Cincer No 3,

District File Number 440 458

Date Filed 4 11 40

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.