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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11200

Registration District No. 402 — Primary Registration District No. 4237 — Registrar's No. 9

48
80

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

1. PLACE OF DEATH

(a) County: Jackson
(b) City or town: Oak Grove Mo
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Lafayette
(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.

3. (a) PRINT FULL NAME: JAMES A. BROWN 650
3. (b) If veteran, name war:
3. (c) Social Security No.
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Feb. (Month) 17 (Day) 1918 (Year)

8. AGE: Years 22 | Months 0 | Days 19 | If less than one day hr. min.

9. Birthplace: Bates City (City, town, or county) O (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
12. Name of father: Thomas Henry Brown
13. Birthplace of father: Bates City (City, town, or county) Mo (State or foreign country)
14. Maiden name of mother: Martha Hopkins
15. Birthplace of mother: Napoleon (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Mrs Thomas Brown
(b) Address: Bates City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March, 10 (Month) (Day) (Year)
(c) Place: burial or cremation: Concord
18. (a) Signature of funeral director: A. W. Brookfield
(b) Address: Pleasant Hill Mo
19. (a) Mar. 9, 1940 (Date received local registrar) (b) Mrs. A. H. Moore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 6 year 40 hour 9 minute 30 P.M.
21. I hereby certify that I attended the deceased from 2-29, 1940 to 3-6, 1940 that I last saw alive on 3-6, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Peritonitis
Due to: ruptured appendix
Due to:
Other conditions: (Include pregnancy within 3 months of death)

Duration

Major findings: Of operations: Ruptured appendix adhered with pus
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: E. E. Perry M. D. (M. D. or other)
Address: Oak Grove Date signed:

(Licensed Embalmer's Statement on Reverse Side)

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~~ By me On March. 6 1940, Registered Apprentice No._____, working under my personal supervision.

Signed C W Brownfield

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill

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.