No. 2
1-10-39
-17-39
x4-21

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 17 1940

Registration District No. 396

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5552

State File No. 15098

Registrar's No.

1. PLACE OF DEATH:
(a) County: Jackson Fort Osage 7
(b) City or town: Buckner RR No.1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX 2 (Specify whether years, months or days)
In this community 75 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Buckner RR No.1.
(If outside city or town limits, write "RURAL")
(d) Street No.: RR
(If rural, give location)
(e) If foreign born, how long in U. S. A.? XX years.

3. (a) PRINT FULL NAME: Robert S. Brown 650

3. (b) If veteran, name war: XX

3. (c) Social Security No.: XX

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widower

6. (b) Name of husband or wife: Ida F. Brown

6. (c) Age of husband or wife if alive: X years

7. Birth date of deceased: March (Month) 25th (Day) 1854 (Year)

8. AGE: Years 85 | Months 11 | Days 25 | If less than one day: hr. min.

9. Birthplace: South-east of Buckner Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Farming

FATHER
12. Name: Mr. John S. Brown
13. Birthplace: Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Lucy Morrman
15. Birthplace: Virginia (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Allene Sullivan
(b) Address: Buckner Mo (Daughter)

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Mch. 21. 1940 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Buckner Hill Cem.

18. (a) Signature of funeral director: W. M. Rippert
(b) Address: Buckner Mo.

19. (a) 3-20-1940 (Date received local registrar) (b) John W Robertson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19 year 1940 hour 4:10 P.M. minute M.

21. I hereby certify that I attended the deceased from Feb 17, 1940, to Mar 19, 1940, that I last saw him alive on Feb 17, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Mitral Regurgitation

Due to: ✓

Due to: ✓

Other conditions: ✓
(Include pregnancy within 3 months of death)

Major findings:
Of operations: ✓

Of autopsy: no

Duration

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

23. Signature: John W Robertson (M. D. or other)
Address: Buckner, Mo Date signed 3-20-40

(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 .....

....., ~~Registered Apprentice No.~~ XXXXXXXXXXXX

working under my ~~personal supervision.~~ X XXXXXXXXXXX

Signed V. M. Rippert

Licensed Embalmer No. 2321

P. O. Address Buckner 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.