S. No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SEP 16 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27984

Registration District No. 85 | Primary Registration District No. 1001 | Registrar's No. 886

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

1. PLACE OF DEATH:
(a) County Buchanan,
(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 28 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Buchanan
(c) City or town Saint Joseph,
(If outside city or town limits, write "RURAL")
(d) Street No. 2416 Faraon Street,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William Hardin Brown, 650
3. (b) If veteran, name war None,
3. (c) Social Security No. None,
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married,
6. (b) Name of husband or wife Mary Ann Brown,
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased November 17, 1864 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	8	24	hr. min.

9. Birthplace Lexington, (City, town, or county) Missouri, (State or foreign country)
10. Usual occupation Foreman,
11. Industry or business Feed Milling Co.
FATHER
12. Name Solomon Brown,
13. Birthplace Unknown, (City, town, or county) Kentucky, (State or foreign country)
MOTHER
14. Maiden name Margaret Rhoades,
15. Birthplace Unknown, (City, town, or county) Illinois, (State or foreign country)
16. (a) Informant Lorene J Brown
(b) Address 2416 Faraon Street,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/13/40 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Auburn Cemetery
18. (a) Signature of funeral director Heaton-Bryan Bowman Funeral Home
(b) Address 319 So. 10th. Street.
19. (a) Aug 13 1940 (Date received local registrar) (b) H J Westlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11th, year 1940 hour 4:00 minute 50 P.M.
21. I hereby certify that I attended the deceased from 8-8, 1940 to 8-11, 1940 that I last saw her alive on 8-11, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tetanus	11 days
Due to Puncture wound of foot	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
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) accidentally stepped on mind
(b) Date of occurrence July 31, 1940
(c) Where did injury occur? St Joseph (City or town) MO (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 85 Home (Specify type of place)
While at work? — (e) Means of injury Stepped on hand
23. Signature H W Carle MD (M. D. or other) MO
Address St Joseph MO Date signed 8/13/40

(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 Aug. 11-

, Registered Apprentice No.

working under my personal supervision.

Signed Wm. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So 10 St Joseph,

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, fact should be so stated above.