

FILED OCT 18 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 32774

Registration District No. 605

Primary Registration District No. 3872

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Pemiscot  
(b) City, or town Braggadocio (Rural), Virginia  
(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 2  
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot  
(c) City or town Braggadocio Rural  
(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 Hazel Jeanette Brown

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

4. Sex Female 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 May 31 1940  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
3 8 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation None

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William Ruble Brown  
13. Birthplace Mayfield Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Jessie Dunaway  
15. Birthplace Jonesboro Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant William Ruble Brown

(b) Address Braggadocio, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 10, 1940  
(Month) (Day) (Year)

(c) Place: burial or cremation Culp Cemetery

18. (a) Signature of funeral director J. L. German

(b) Address Steele, Missouri

19. (a) 10/17/40 (b) [Signature]  
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9th.  
year 1940 hour 1 minute 40 P. M.

21. I hereby certify that I attended the deceased from Sept. 4  
1940 to Sept. 9, 1940  
that I last saw her alive on Sept. 9, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Bronchial

Due to colitis

Due to \_\_\_\_\_

Other conditions 1942  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy no

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? \_\_\_\_\_

587 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address Hayti, Mo. Date signed 9-16-40

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

10-4024

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**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.