

Registration District No. **878**

Primary Registration District No. **10756 B**

Registrar's No. **13**

1. PLACE OF DEATH:

(a) County **Vernon**  
(b) City or town **Rural Depue**  
(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)  
In this community **75 yrs**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Vernon**  
(c) City or town **Sheldon Rural R**  
(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 **JOHN BROWN**

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

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if

7. Birth date of deceased **June 11 1843**  
(Month) (Day) (Year)

8. AGE: Years **97** Months **3** Days **9** If less than one day hr. min.

9. Birthplace **Ohio Ohio**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

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

12. Name **John Brown 9**

13. Birthplace **unknown Ohio**  
(City, town, or county) (State or foreign country)

14. Maiden name **unknown**

15. Birthplace **unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Daisy Moore**

(b) Address **Sheldon Mo**

17. (a) **Burial** (b) Date thereof **Sept 22 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Baigen cemetery**

18. (a) Signature of funeral director **G. B. Berry & Son**

(b) Address **Sheldon Mo**

(c) **Sept 20 1940** (d) **Canoll T. Beery**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **20**  
year **1940** hour **3** minute **15 PM**

21. I hereby certify that I attended the deceased from **Feb 19 1939** to **Sept 19 1940**  
that I last saw him alive on **Sept 19 1940**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of esophagus** Duration **4 mo**  
**Senility**

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

Due to \_\_\_\_\_ **46**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? **702**

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

23. Signature **Thomas G. Duerst** (M. D. or other) **M.D.**

Address **Sheldon, Mo** Date signed **Sept 20 1940**

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

OCT 14 1953

RECEIVED

District Health Officer No. 7,

District File Number 10-40-1387

Date Filed 10-2-40

**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.....

*Personally*  
.....  
working under my personal supervision.

....., Registered Apprentice No. ....

Signed *Carroll T. Beeny*

Licensed Embalmer No. *2385*

P. O. Address *Sheldon 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.