No. 2
4-13-40
-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34858

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 1125

NOV 12

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: St. Joseph's Hospital, (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo. 13 days (Specify whether

In this community 7 mos. 18 days, 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. 1821 South 9th. Street, (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME David Eugene Brown,

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 Single,

6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased March 3rd. 1940. (Month) (Day) (Year)

8. AGE: Years 0 Months 7 Days 18 If less than one day ..... hr. ..... min.

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

10. Usual occupation Child, 0

11. Industry or business 0

FATHER
12. Name Orian Brown, 0
13. Birthplace Gallatin, (City, town, or county) Missouri, (State or foreign country)

MOTHER
14. Maiden name Beatrice Lee
15. Birthplace Amazonia, (City, town, or county) Missouri, (State or foreign country)

16. (a) Informant Orian Brown

(b) Address 1821 South 9th. Street,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/24/40 (Month) (Day) (Year)

(c) Place: burial or cremation Civil Bend, Mo.

18. (a) Signature of funeral director Heaton - Bilcoe & Bowman Funeral

(b) Address 319 So. 10th. Street, Home

19. (a) Oct 24-1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21st. year 1940 hour 9:00 minute p.M.

21. I hereby certify that I attended the deceased from Sept. 8, 1940, to October 21, 1940; that I last saw him alive on October 21, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diarrhoea & enteritis	2 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
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 [signature] (M. D. or other)

Address 202-38 [illegible] Date signed 10-22-40

(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 Oct 21

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

working under my personal supervision.

Signed Wm E Simmerfeld

[redacted] Licensed Embalmer No. 3007

[redacted] P.O. Address 195 10 S Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.