

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38388

Registration District No. 129

Primary Registration District No. 51

Registrar's No. 18

1. PLACE OF DEATH:

- (a) County Cape Girardeau
 (b) City or town Rural, Shawnee
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Year Fruitland, Mo.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community 70-9-19
 years, months or days

3. (a) PRINT FULL NAME Gaines Monroe Brown

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

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

6. (b) Name of husband or wife Low Donna Brown 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased Feb 10, 1870
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>9</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace Near Fruitland, Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation farming

11. Industry or business _____

12. Name Marcus Brown

13. Birthplace Mo.
 (City, town, or county) (State or foreign country)

14. Maiden name Margaret Willis

15. Birthplace Near Fruitland, Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lassy O'Brian

(b) Address Fishers, Mo.

17. (a) Burial (b) Date thereof 12 1 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cape Girardeau, Mo.

18. (a) Signature of funeral director W. C. ...

(b) Address Fishers, Mo.

19. (a) Nov 30, 40 (b) W. J. Scherer
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo County Cape Girardeau
 (b) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1-Mile N.W. Fruitland
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29
 year 1940 hour 11 minute _____ P. M.

21. I hereby certify that I attended the deceased from Nov 29, 1940, to Nov 29, 1940
 that I last saw him alive on Nov 29, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Septicemia
Mysocardia
 Due to ✓ Duration about 3 yrs

Due to ✓
 Other conditions Arterio Sclerosis
 (Include pregnancy within 3 months of death) about 3 yrs

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? _____

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

23. Signature W. J. Scherer (M. D. or other) _____
 Address Fishers Mo Date signed 1

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Raymond Steele

Licensed Embalmer No. 2476

P. O. Address Jackson 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.