DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44215

JAN 22 1945

Registration District No. 900 | Primary Registration District No. 6207 | Registrar's No.

1. PLACE OF DEATH:

(a) County Webster

(b) ~~City or town~~ Niangua

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: X

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X (Specify whether

In this community life

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

(c) City or town Niangua

(If outside city or town limits, write "RURAL")

(d) Street No. X (If rural, give location)

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

3. (a) PRINT FULL NAME William Albert Brown

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Tennie Brown

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased April (Month) - 10 (Day) - 1868 (Year)

8. AGE: Years 72 | Months No | Days No | If less than one day X hr. X min.

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

10. Usual occupation Farmer and carpenter

11. Industry or business Farm

FATHER

12. Name Nathan Brown

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

MOTHER

14. Maiden name Mary Bivens

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

16. (a) Informant's own signature Mrs Jennie Brown

(b) Address Niangua, Missouri

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

(c) Place: burial or cremation Niangua

18. (a) Signature of funeral director Rex Ramey

(b) Address Marshfield, Missouri

19. (a) Sept. 9-40 (Date received local registrar) (b) Hallie Schlicht (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1940 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from Feb-1- 1940, to April 10 1940 that I last saw him alive on April 10 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Dropsey -	
Due to Chronic Nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 92N	

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 O. F. Gilbert (M. D. or other)

Address Niangua Date signed Sept 9/40

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PAPER—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1 X19511

RECEIVED
District Health Officer No. 6,
District File Number 1940-3050
Date Filed DEC 19 1940

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 X X X, Registered Apprentice No. X, working under my personal supervision.

Signed

Licensed Embalmer No. 3312

P. O. Address Marshfield, Missouri

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.