DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED FEB 14 1941

STANDARD CERTIFICATE OF DEATH

State File No. 2110

Registration District No. 130 Primary Registration District No. 5181 Registrar's No.

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) ~~City or town~~ Rural, Liberty
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Near Whitewater, Mo. R.R. # 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 76 years 5 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cape

(c) City or town
(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 Marshall 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 married

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

7. Birth date of deceased Jan (Month) 18 (Day) 1865 (Year)

8. AGE: Years 76 Months 0 Days 5 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name William T Brown
13. Birthplace (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Martha Allen
15. Birthplace (City, town, or county) Tenn (State or foreign country)

16. (a) Informant's own signature Elmer Brown
(b) Address Whitewater, Mo. R.R. # 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-1941 (Month) (Day) (Year)
(c) Place: burial or cremation McGuire Cemetery

18. (a) Signature of funeral director S. C. Grancraft
(b) Address Jackson, Mo.

19. (a) Jan 31-41 (Date received local registrar) (b) Miss Wm Stickler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23rd
year 1941 hour 12:20 P.M. minute M.

21. I hereby certify that I attended the deceased from Jan 22, 1941, to Jan 22, 1941
that I last saw him alive on Jan 22, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	
Due to high arterial tension	2 yrs
Due to Arterio sclerosis	
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 W W Davault (M. D. or other)
Address Allenville Mo Date signed Jan 23, 41

(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.

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.....Lyman Steele

Licensed Embalmer No.....2476

P. O. Address.....Jackson M

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, above space should be left blank.