

FILED FEB 14 1941

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 27

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

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Maria's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Helmar Louis Brown

8. (b) If veteran, name war - 8. (c) Social Security number 500-12-6424

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edna May (Stacy) Brown age of husband or wife if alive years

7. Birth date of deceased Jan 29 1909
(Month) (Day) (Year)

8. AGE: Years 31 Months 11 Days 29 If less than one day hr. min.

9. Birthplace Cooper Hill - Mo
(City, town, or county) (State or foreign country)

10. Usual occupation (Male) U. S. Sledge
Industry or business U. S. Gov't

11. Name Chas Brown

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

13. Maiden name Agnes Owens

14. Birthplace Gasconade - Mo
(City, town, or county) (State or foreign country)

15. Informant Mrs. H. Brown

(a) Address Gasconade

(b) Date thereof 1-31-41
(Month) (Day) (Year)

(c) Place: burial or cremation Gasconade

18. (a) Signature of funeral director Morton Funeral

(b) Address Lincoln Mo

19. (a) 1-30-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gasconade
(c) City or town Gasconade
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28th day January
year 1941 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 26, 1941, to Jan 28, 1941, that I last saw him alive on Jan 28, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Traumatic shock
Ruptured stomach
Left hemothorax
Comminuted fracture
Other conditions: 9th & 10th dorsal vertebra
with severing of spinal cord
Major findings: See above
Of operations: -
Of autopsy: See above

Duration

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) accident (37)
(b) Date of occurrence Jan 28 1941
(c) Where did injury occur Gasconade Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place - Highway
(Specify type of place) (e) Means of injury auto acc

23. Signature [Signature] (M. D. or other) MD
Address Jefferson City Date signed 1-30-41

170-6
98

JUN 20 1947

JUN 4 1947

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 Verina M. Morton

Licensed Embalmer No. 4125

P. O. Address Lynn

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 2308

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 27

1. PLACE OF DEATH

(a) County Cole
(b) City or town Jefferson City
(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 _____
years, months or days

3. (a) PRINT FULL NAME

Delmar Louis Brown

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
31 11 29 _____ hr. _____ min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 1-30-41 (b) J. B. Johnson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month 1 day 28 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death traumatic shock

shock

Ruptured stomach

left hemiothorax

fracture of 9 & 10 dorsal vertebrae with severing of spinal cord.

Major findings: NDM - COLLISION

Of operations _____

Of autopsy 170 C 28

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) acc

(b) Date of occurrence Jan 26 1941

(c) Where did injury occur Public Place (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? car overturned (Specify type of place) (e) Means of injury Auto

23. Signature J. A. Osmer (M. D. or other) MD Address J. C. Mo Date signed 1/30/41

SUPPLEMENTARY

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

MOTHER FATHER

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Nevada }
County of Clark } ss.

State File No. 7308-41
Local Registrar's No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 17th day of June, 1947, before me appears Edna May Beshears
(Rogers) wife, who, upon her oath, states that the original record of ~~birth~~ death
for Delores Loris Brown died born Jan 28, 1941, in the State of
Missouri, and which was filed at Jefferson City, Mo. on Feb 14, 1941 should be corrected as follows:

- Item No. 6 B should read Edna May Beshears
- Instead of _____ Edna May Staley
- Item No. _____ should read _____
- Instead of _____
- Item No. _____ should read _____
- Instead of _____
- Item No. _____ should read _____
- Instead of _____
- Item No. _____ should read _____
- Instead of _____
- Item No. _____ should read _____
- Instead of _____
- Item No. _____ should read _____
- Instead of _____

The above is true to the best of my knowledge, information and belief.
(SEAL) Affiant Edna May Beshears Relationship Wife
Rogers
Las Vegas, Nevada Present Address.

Subscribed and sworn to before me this 17th day of June, 1947.
My Commission expires Feb 18, 1949 _____ Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.