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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2418

WED FEB 24 1941

Registration District No. 260

Primary Registration District No. 5363

Registrar's No. _____

1. PLACE OF DEATH: NEKALB
 (a) County NEKALB
 (b) City or town GRAND RIVER TWP
 (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 SEWALL FRANKLIN 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 _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 19 1849
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>91</u>	<u>1</u>	<u>29</u>	min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Chasd Brown

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

14. Maiden name Susan Guntionight

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

16. (a) Informant Mahe G Brown

(b) Address Cameron Mo

17. (a) Burial (b) Date thereof 1-20, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Burial or cremation Cameron, MO.

18. (a) Signature of funeral director W Moore

(b) Address Cameron Mo.

19. (a) 1-19-41 (b) Mildred Mc Mahill
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County NEKALB
 (c) City or town GRAND RIVER TWP
 (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 JAN day 18
year 1941 hour 11 minute 45 PM

21. I hereby certify that I attended the deceased from Jan 10, 1941, to Jan 18, 1941, that I last saw him alive on Jan 18, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis Chronic
 Due to: Influenza acute
 Due to: _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
 Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following: no
 (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? _____

23. Signature [Signature] (Specify type of doctor) _____ (M. D. or other) _____
 Address Cameron Mo Date signed [Signature]

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Licensed Embalmer No. 1180

P. O. Address Cameron

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, fact should be so stated above.