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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2867

Registration District No. 398 Primary Registration District No. 5554 Registrar's No. 14

1. PLACE OF DEATH:

(a) County Jackson Blue Springs

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

(c) Name of hospital or institution: 2414 - Harvard (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 2414 Harvard (If rural, give location)

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

3. (a) PRINT FULL NAME William Jefferson 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 Widower

6. (b) Name of husband or wife Letha Alice Brown 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Oct (Month) 4 (Day) - 1851 (Year)

8. AGE: Years 89 Months 3 Days 10 If less than one day ____ hr. ____ min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Don't Know

13. Birthplace Don't Know (City, town, or county) 9 (State or foreign country)

MOTHER 14. Maiden name Don't Know

15. Birthplace Don't Know (City, town, or county) 9 (State or foreign country)

16. (a) Informant Clyde Brown

(b) Address 2414 Harvard Indep. Mo

17. (a) Burial (Burial, cremation or removal) (b) Date thereof 6/16-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Harmonville

18. (a) Signature of funeral director Rummburger

(b) Address Harmonville Mo

19. (a) Jan. 14. 1941 (Date received local registrar) (b) F. L. Cook M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14 year 1941 hour 8 minute 20 A. M.

21. I hereby certify that I attended the deceased from Jan 12, 1941, to Jan 14, 1941; that I last saw him alive on January 13, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Cerebral Hemorrhage 2 days

Due to

Due to

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 places? (Specify type of place)

(e) While at work? (e) Means of injury

23. Signature E. E. Anderson (M. D. or other) D.M.D.

Address Independence, Mo Date signed Jan 14 41

(Licensed Embalmer's Statement on Reverse Side)

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 Frank E. Rummenberger; Registered Apprentice No. _____ working under my personal supervision.

Signed Frank E. Rummenberger

Licensed Embalmer No. 2691

P. O. Address Harrisonville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.