

BUREAU OF THE CENSUS  
FEB 17 1941

## STANDARD CERTIFICATE OF DEATH

State File No. 3243Registration District No. \_\_\_\_\_ Primary Registration District No. 56 Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH:

(a) County Lincoln  
(b) City or town Olney Ninevah 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 1 (Specify whetherIn this community \_\_\_\_\_  
years, months or days)3. (a) PRINT FULL NAME John Alfred 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 W 2

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if

alive \_\_\_\_\_ years

7. Birth date of deceased April 14 1856  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
84 9 14 br. \_\_\_\_\_ min.9. Birthplace New Hartford Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

## 11. Industry or business

12. Name Samuel F. Brown13. Birthplace England  
(City, town, or county) (State or foreign country)14. Maiden name Martha Jane Leach15. Birthplace Virginia  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Nola Belle Brown(b) Address Olney Missouri17. (a) Burial (b) Date thereof 2-1-41  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Olney Cemetery18. (a) Signature of funeral director Ernest Thompson(b) Address Bowling Green, Mo19. (c) Feb 2 41 (b) Ernest Thompson  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln(c) City or town Olney  
(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 31  
year 1941 hour 12:05 AM minute \_\_\_\_\_ M.21. I hereby certify that I attended the deceased from July 15  
1935, to Jan 31, 1941;  
that I last saw him alive on Jan 29, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death: \_\_\_\_\_ Duration

Uremic comaDue to Chronic nephritis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations NoneOf autopsy None

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?

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Ernest Thompson (M. D. or other)Address Bowling Green, Mo Date signed 1/31/41

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 *Grace Bankhead*

Licensed Embalmer No. *2204*

P. O. Address *Bowling Green*

**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.**