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4-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7445

Registration District No. 1941 70

Primary Registration District No. 5640

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mt Vernon, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Turnback township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Since early childhood (Specify whether years, months or days)

3. (a) PRINT FULL NAME Jacob Allen 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 9 divorced

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

7. Birth date of deceased Dec 25 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day, hr. min.
77 1 15

9. Birthplace 1 Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Brown

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

14. Maiden name unknown

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

16. (a) Informant B Brown

(b) Address Mt Vernon Mo.

17. (a) Burial (b) Date thereof Feb 11-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Summitt Cemetery

18. (a) Signature of funeral director H D Fassett

(b) Address Mt Vernon Mo.

19. (a) 2-11-1941 (b) P. A. HOLMES
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Turnback township Rural 5
(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.? 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 9
year 1941 hour 10 minute P M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to Feb 9 19 41
that I last saw him alive on Feb 9, 1941 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure

Due to Chr. Myocarditis
Hypertension + arteriosclerosis
Post-Coronary
occlusion (ht.)

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:

(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)

23. Signature Levyeth Glover M.D. (M. D. or other) _____

Address Mt Vernon, Mo. Date signed 2/11/41

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

5
0
5

RECEIVED

District Health Officer No. 6,

District File Number 341-373

Date Filed MAR 5 1941

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 _____

Max L. Fossett, Registered Apprentice No. 268
working under my personal supervision.

Signed H. D. Fossett

Licensed Embalmer No. 2201

P. O. Address mt Vernon

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.