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

FILED JUN 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19663 State File No. ~~17366~~

Registration District No. 89 Primary Registration District No. 3007 Registrar's No. 203

1. PLACE OF DEATH:
(a) County: Butler
(b) City or town: Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(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: lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Butler
(c) City or town: Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No.: C and Almond Streets
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Frank Brown
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: male 0
5. Color or race: white
6. (a) Single, widowed, married, divorced: divorced
6. (b) Name of husband or wife: Sarah
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May 1 1860 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
81	0	11	hr. min.

9. Birthplace: Shelby County, Illinois (City, town, or county) (State or foreign country)
10. Usual occupation: Odd Jobs
11. Industry or business: self
12. Name (Father): John Brown
13. Birthplace (Father): Illinois (City, town, or county) (State or foreign country)
14. Maiden name (Mother): Sarah Ann Hoffman
15. Birthplace (Mother): Shelby County, Illinois (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Herbert Hendricks
(b) Address: Poplar Bluff, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 14, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Little Brushy
18. (a) Signature of funeral director: Greer - Croy
(b) Address: Poplar Bluff, Missouri
19. (a) 5/14/41 (Date received local registrar) (b) Kate Lutz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1941 hour 6:00 minute 30 A.M.
21. I hereby certify that I attended the deceased from 9-10, 1940 to 5-13-, 1941 that I last saw him alive on 5-9-, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia — Duration
Due to: Chronic Myocarditis
Due to: Chronic Prostatitis
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 place? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: H. R. Clay (M. D. or other)
Address: Poplar Bluff, Mo. Date signed: 5/14/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2,
District File Number 641-73
Date Filed 6/6/41

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 Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address.....

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, fact should be so stated above.