

DEPARTMENT OF COMMERCE MISSOURI STATE BOARD OF HEALTH
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

19734 17437
State File No. 199
Registrar's No.

Registration District No. 125 Primary Registration District No. 3009

1. PLACE OF DEATH: Cape Girardeau
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1000
(a) State Missouri (b) County Scott
(c) City or town Commerce
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME: John Henry Brown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 21
year 1941 hour 8 minute 10⁰⁰ M.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

21. I hereby certify that I attended the deceased from 5/15, 1941, to 5/21, 1941;
that I last saw him alive on 5/21, 1941;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single

Immediate cause of death: T.B.
Pleuritis - 2 months
Duration

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

Due to Tuberculosis - 1 year

7. Birth date of deceased November 9, 1927
(Month) (Day) (Year)

Due to _____

8. AGE: Years 13 Months 6 Days 12
If less than one day hr. _____ min. _____

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Butler County, Mississippi
(City, town, or county) (State or foreign country)

Major findings: adhesions over
entire abdomen
peritoneal fluid
Of operations _____
Autopsy _____

10. Usual occupation School child

11. Industry or business _____

12. Name John Brown

13. Birthplace Watley, Michigan
(City, town, or county) (State or foreign country)

14. Maiden name Scottie Darby

15. Birthplace Butler County, Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant John Brown (father)
(b) Address Route 1, Commerce, Mo.

17. (a) Burial (b) Date thereof May 25, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Scott County Farm Cemetery
(d) Signature of funeral director G. J. Sparks
Cape Girardeau, Mo.
(e) Address _____

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 W. Washburn (M. D. or other)
Address Cape Girardeau, Mo. Date signed 5/21/41

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

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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..... *Frank Sparks*.....
Licensed Embalmer No. *3455*.....
P. O. Address *Cape Girardeau*.....

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

If this body is not embalmed, fact should be so stated above.

No. 2B
4-25-41
X27852

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19734

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 197

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Henry Brown
3. (b) If veteran _____ (c) Social Security
name war _____ No. _____

20. DATE OF DEATH: Month May day 21
year 1947 hour _____ minute _____ M.

4. Sex M 5. Color of Black 6. (a) Single, widowed, married,
 divorced Single

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

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

Immediate cause of death Peritonitis

7. Birth date of deceased _____
(Month) (Day) (Year)

Duration 1 month

8. AGE: Years Months Days If less than one day
13 6 12 hr. min.

Due to Tuberculosis (pulmonary) 17 yr

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

Other conditions adhesions over
(Include pregnancy within 3 months of death)
entire front abdomen

10. Usual occupation _____

Major findings:
Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____
(b) Address _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

23. Signature W. Washburn (M. D. or other) _____
Address Cape Girardeau Date signed 7/18/47

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

SUPPLEMENTARY

19734