

1. No. 2
4-13-40
5-17-39
PI X23139

FILED JUL 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21258**

Registration District No. _____

Primary Registration District No. **5134A**

Registrar's No. **170**

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

1. PLACE OF DEATH

(a) County Barton MO

(b) City or town Brasely MO
(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

3. (a) PRINT FULL NAME Jerry Lee 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, Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Jan 3 1941
(Month) (Day) (Year)

8. AGE: Years 5 Months 22 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Alfred Brown

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

14. Maiden name Mary Turner

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

16. (a) Informant Alfred Brown

(b) Address Brasely MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6 41
(Month) (Day) (Year)

(c) Place: burial or cremation Walden

18. (a) Signature of funeral director Dexter M. Kapp

(b) Address _____

19. (a) 7/2/41 (Date received local registrar) (b) Kate Lutz (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Barton

(c) City or town Brasely MO
(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 June day 25
year 1941 hour 4 minute 35 P.M.

21. I hereby certify that I attended the deceased from 6-23, 1941, to 6-25, 1941; that I last saw him alive on 6-23, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death acute interstitial with diarrhea

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of 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? C/O

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

23. Signature A. Brackman (M.D. or other) _____

Address Poplar Bluff MO Date signed 6-25-41

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 2,

District File Number 741-856

Date Filed 7/10/41

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

Virgil A. Helsh

Licensed Embalmer No. 4102

P. O. Address Wetter Mo.

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, fact should be so stated above.