DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1941

Registration District No. 508

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38766

Primary Registration District No. 3026

Registrar's No. 149

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.

1. PLACE OF DEATH:

(a) County: Livingston

(b) City or town: Chillicothe, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Chillicothe Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 4 days. (Specify whether years, months or days) In this community: 4 days.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Daviess 31

(c) City or town: Gallatin (If outside city or town limits, write "RURAL") 0

(d) Street No.: R. F. D. # 5. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ... years.

3. (a) PRINT FULL NAME: Glenn Randall 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: (0)

6. (b) Name of husband or wife: ...

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

7. Birth date of deceased: October (Month) 12 (Day) 1928 (Year)

8. AGE: Years 13 | Months – | Days 24 | If less than one day: ... hr. ... min.

9. Birthplace: Daviess County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: School Boy.

11. Industry or business: ...

FATHER 12. Name: Hubert Brown

FATHER 13. Birthplace: Daviess County (City, town, or county) Missouri (State or foreign country)

MOTHER 14. Maiden name: Iola Mae Sisk

MOTHER 15. Birthplace: Pattonsburg (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature: Hubert Brown

(b) Address: Gallatin, Missouri

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 11-10-41 (Month) (Day) (Year)

(c) Place: burial or cremation: GALLATIN MO

18. (a) Signature of funeral director: C. M. Jones

(b) Address: [illegible]

19. (a) Nov 10 (Date received local registrar) (b) LOU ELLA CURRY (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: November day: 9th year: 1941 hour: 12:X minute: 55 A.M.

21. I hereby certify that I attended the deceased from November 8, 1941, to Nov. 9, 1941, that I last saw him alive on Nov. 9, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Peritonitis	
Following — Appendicitis	2 wks
Due to: Perforated Appendix	
Due to:	
Other conditions: Metastatic Abscesses	2 da

(Include pregnancy within 3 months of death)

Major findings: Of operations: 2 liters pus in peritoneal cavity

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: Robert M. Leathers (M. D. or other) MD

Address: Gallatin, Mo. Date signed: 11/9/41

(Licensed Embalmer's Statement on Reverse Side)

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 C. M. Jones

Licensed Embalmer No. 3453

P. O. Address Gladstone Mo

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

If this body is not embalmed, above space should be left blank.