

Registration District No. 347

Primary Registration District No. 3018

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Clinton Mo (C.I.T.)  
(c) Name of hospital or institution:  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community all life years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry  
(c) City or town Clinton Mo  
(d) Street No. RR (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

FRANK BROWN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced man

6. (b) Name of husband or wife Edna

6. (c) Age of husband or wife if alive years 16

7. Birth date of deceased Aug 16 1871 (Month) (Day) (Year)

8. AGE:

Years 70 Months 7 Days 17 hr. min.

9. Birthplace

Henry Mo (City, town, or county) (State or foreign country)

10. Usual occupation

Farming

11. Industry or business

Farming

12. Name

Matho Brown

13. Birthplace

Clinton Mo (City, town, or county) (State or foreign country)

14. Maiden name

Sarah Sellers

15. Birthplace

Pike Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant

Mrs. Frank Brown

(b) Address

Clinton RR

17. (a)

Burial (Burial, cremation, or removal)

(b) Date thereof 4-21-42 (Month) (Day) (Year)

(c) Place: burial or cremation

Bethelton

18. (a) Signature of funeral director

Carroll Beck

(b) Address

Clinton Mo

19. (a)

April 4, 1942 (Date received local registrar)

(b) Georgia Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr 3 day year 1942 hour 2 A M minute M.

21. I hereby certify that I attended the deceased from Mar 15 1942 to Apr 3 1942 that I last saw him alive on April 2 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to Arteriosclerosis acute nephritis  
Due to Lobar pneumonia

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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

23. Signature Geo W Wight (M.D. or other) Address Clinton Mo Date signed Apr 4 1942

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

MOTHER FATHER

1069

RECEIVED

District Health Officer No. 7, 1

District File Number 5-42-469

Date Filed 5-6-42

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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

*J. E. Consolet*

Licensed Embalmer No. 1891

P. O. Address Clinton 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.**