S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 11 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26687

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 818

11
1
7

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Methodist Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Weeks (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11 1

(c) City or town St. Joseph 7
(If outside city or town limits, write "RURAL")

(d) Street No. 501 North 25th. Street
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Lars Brown

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Celina Brown

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased November (Month) 8 (Day) 1884 (Year)

8. AGE: Years 58 Months 9 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace Stavanger (City, town, or county) Norway 4 (State or foreign country)

10. Usual occupation Livestock commission

11. Industry or business

FATHER
12. Name Lars Braut
13. Birthplace Stavanger (City, town, or county) Norway 4 (State or foreign country)

MOTHER
14. Maiden name Lina Rossland
15. Birthplace Stavanger (City, town, or county) Norway 4 (State or foreign country)

16. (a) Informant Mrs Celina Brown
(b) Address 501 No. 25th. St., St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-20-1942 (Month) (Day) (Year)

(c) Place burial or cremation Memorial Park Cemetery St. Joseph, Mo.

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 13th. & Faraon St., St. Joseph, Mo.

19. (a) 8-20-42 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17th. year 1942 hour 8 minute 20 P.M.

21. I hereby certify that I attended the deceased from July 21, 1942 to Aug 17, 1942 that I last saw him alive on Aug 17, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Broncho Pneumonia Bilateral	3 weeks
Due to	
Due to Mitral Stenosis	6 years
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 107	
Of autopsy as above	

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 [illegible] (M. D. or other)

Address 825 Charles St Date signed 8-17-42

1233 (Licensed Embalmer's Statement on Reverse Side)

NOV 24 1947

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 Geo E Daniel

Licensed Embalmer No. 3300 Missouri

P. O. Address St. Joseph, Missouri.

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.