

FILED OCT 13 1942

Registration District No. 269

Primary Registration District No. 5907

Registrar's No. 23

78
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Pemiscot
 (b) City or town Coates
 (If outside city or town limits, write "RURAL," and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 mo (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pemiscot
 (c) City or town Coates (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 13 year 1942 hour 6:15 minute _____ M.
 21. I hereby certify that I attended the deceased from 10th of Aug 1942 to Aug 13 1942
 that I last saw him alive on 10th and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race White 6. (a) Single, widowed, married Married
 6. (b) Name of husband or wife W H Brown 6. (c) Age of husband or wife if alive 36 years
 7. Birth date of deceased Mar 23 1910 (Month) (Day) (Year)

Immediate cause of death Malarial fever
acute

8. AGE: Years 32 Months 4 Days 20 If less than one day hr. _____ min. _____

Duration _____

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

Due to _____
 Due to _____

10. Usual occupation at home

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

11. Industry or business _____

Major findings: _____

12. Name Major Robertson

Of operations _____

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

Of autopsy _____

14. Maiden name Birdie Sweeney

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

16. (a) Informant W H Brown

(b) Address Coates, Mo

17. (a) Removed (b) Date thereof 8-13-42 (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director James A. House

(b) Address Bethleville, Ark

19. (a) 10-1-42 (b) C. C. Campbell (Date received local registrar) (Registrar's signature)

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 P. J. ... (M. D. or other) _____
 Address Coates Mo Date signed 18 Aug 1942

10-42-9

SEP 12 1957

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.....

Licensed Embalmer No.....

P. O. Address.....

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.