V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40322

FILED JAN 11 1943

Registration District No. ____ Primary Registration District No. 3007 Registrar's No. 400

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

12
7
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1. PLACE OF DEATH:

(a) County: Butler

(b) City or town: Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Poplar Bluff Hosp. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: one week (Specify whether years, months or days)

In this community: -----

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Stoddard

(c) City or town: Bloomfield, Rural 103
(If outside city or town limits, write "RURAL")

(d) Street No.: 0
(If rural, give location)

(e) Citizen of foreign country? O (Yes or No)

If yes, name country: /

3. (a) PRINT FULL NAME: ABRAHAM K. BROWN

3. (b) If veteran, name war: ---

3. (c) Social Security No.: None

4. Sex: Male O

5. Color or race: White

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

6. (b) Name of husband or wife: Mrs. Ida Brown

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

7. Birth date of deceased: April (Month) 8, (Day) 1858 (Year)

8. AGE: Years 84 Months 7 Days 28 If less than one day ____ hr. ____ min.

9. Birthplace: George Town (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: George Adam Brown
13. Birthplace: ---- (City, town, or county) Kentucky / (State or foreign country)

MOTHER
14. Maiden name: Artemecy Byrum
15. Birthplace: ---- (City, town, or county) Kentucky / (State or foreign country)

16. (a) Informant: Mrs. A. K. Brown
(b) Address: Bloomfield, Mo. Route

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 8-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Bloomfield, Mo.

18. (a) Signature of funeral director: Chiles Und. Co.
(b) Address: Bloomfield, Mo.

19. (a) 12-29-42 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 6th year: 1942 hour: 1:30 minute: A. M.

21. I hereby certify that I attended the deceased from Nov. 29, 1942, to Dec 6, 1942, that I last saw him alive on Dec 6, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic pneumonia

Due to: inactivity caused from a fractured leg.

Due to:

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): accident 128

(b) Date of occurrence: 11-29-1942

(c) Where did injury occur? Bloomfield (City or town) Stoddard (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)

While at work? (e) Means of injury: fell down step

23. Signature: H. M. Henrickson (M. D. or other)

Address: Poplar Bluff, Mo. Date signed: 12-29-1942

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 143-34
Date Filed 1-4-43

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 Leon Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.