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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24478**
Registrar's No. **189**

FILED JUL 24 1943

Registration District No. **2** Primary Registration District No. **3007**

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

1. PLACE OF DEATH:

(a) County **Butler**

(b) City or town **Poplar Bluff, Mo**
(If outside city or town limits, give "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution **14 days**
(Specify whether years, months or days)

In this community **14 days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Butler**

(c) City or town **Poplar Bluff, Mo**
(If outside city or town limits, write "RURAL")

(d) Street No. **135 South "C" St**
(If rural, give location)

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

If yes, name country **0**

3. (a) PRINT FULL NAME **James Edward Brown**

3. (b) If veteran, name war **—**

3. (c) Social Security No. **—**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **16**
year **1943** hour **2:00** minute **P** M.

4. Sex **Male**

5. Color of race **White**

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

6. (b) Name of husband or wife **—**

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

7. Birth date of deceased **Dec 23, 1867**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **June 1** 19**43** to **June 16** 19**43**
that I last saw h.f.m. alive on **June 16** 19**43**
and that death occurred on the date and hour stated above.

8. AGE: Years **75** Months **5** Days **23** If less than one day **—** hr. **—** min.

Immediate cause of death **Wernia**

Due to **nephritis Chronic**

Due to **Chr. Myocarditis**

Other conditions (Include pregnancy within 3 months of death) **—**

9. Birthplace **Ky**
(City, town or county) (State or foreign country)

10. Usual occupation **Machinist**

11. Industry or business **Allied Products Co**

12. Name **Unknown**

13. Birthplace **—** **9**
(City, town or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **—** **9**
(City, town or county) (State or foreign country)

Major findings: **131 f**

Of operations **—**

Of autopsy **—**

PHYSICIAN **—**

Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs May Patton**

(b) Address **Poplar Bluff, Mo**

17. (a) **B** (Burial, cremation, or removal)

(b) Date thereof **June 18, 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Woodlawn - Poplar Bluff, Mo**

18. (a) Signature of funeral director **Frank Cotrell Funeral Chapel**

(b) Address **Poplar Bluff, Mo**

19. (a) **6-19-43** (Date received local registrar)

(b) **Welle Kinn** (Registrar's signature)

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)

(c) Means of injury **—**

23. Signature **W. P. Mitchell** (M. D. or other)

Address **Poplar Bluff, Mo** Date signed **6/18/43**

RECEIVED

District Health Office No. 2

District File Number 743-90

Date Filed 7-19-43

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 *Scott A. Cotrell*.....

Licensed Embalmer No. 3567

P. O. Address *Poplar Bluff, 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.