

V. S. No. 2
FORM-5-42
Rev. 5-17-39
FBI X32873

24479

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 43 Primary Registration District No. 2007 Registrar's No. 214

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7
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Dunklin Boyer

(b) City or town Pikar Bluff City

(c) Name of hospital or institution: Pikar Bluff Hospital

(d) Length of stay: less than a day (Specify whether years, months or days)

In this community 50 yr. Campbell Co. Mo. City

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

(c) City or town Campbell Mo. City

(d) Street No. _____

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

If yes, name country _____

3. (a) PRINT FULL NAME John L. Brown

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Josie Brown 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased July - 25 1869

8. AGE: Years 73 Months 11 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Ill. (City, town, or county) _____ (State or foreign country) _____

10. Usual occupation Physician M.D.

11. Industry or business _____

12. Name Joseph Brown

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

14. Maiden name Charlotte Short

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

16. (a) Informant Josie Brown

(b) Address Campbell Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5-43 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Camp

18. (a) Signature of funeral director Lanier & Home

(b) Address Campbell, Mo.

19. (a) 7-9-43 (Date received local registrar) (b) Walter Krum (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1943 hour 11 minute P.M.

21. I hereby certify that I attended the deceased from 7-2 1943 to 7-2 1943; that I last saw him alive on 7-2 1943 and that death occurred on the day and hour stated above.

Immediate cause of death Chronic renal failure & hypertensive chronic

Due to _____

Due to _____

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

Major findings: Of operations none

Of autopsy none

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) none

(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 Wm. H. Krum (M. D. or other) _____

Address Pikar Bluff Mo. Date signed 7-8-43

RECEIVED

District Health Office No 2,

District File Number 748-964

Date Filed 5-23-43

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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, Md

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.