

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED OCT 6 1943

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

82353  
Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 294  
 (b) Township Moberly Primary Registration District No. 3056  
 (c) City Moberly (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Frank B. Brown

(a) Residence, No. 110 S. 5th St St.  (If nonresident, give city or town and State) Mo  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Anna Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3, 1866

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>77</u>	<u>3</u>	<u>6</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Auctioneer

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co Missouri

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER

15. MAIDEN NAME Amanda Hayden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) Anna Brown Moberly, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakland DATE 9/10/43

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jud G. Thompson Madison, Mo

20. FILED 9-10-43 Anna Rave Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/9/43 1943

22. I HEREBY CERTIFY, That I attended deceased from Aug 22 1943 to Sept 29 1943  
 I last saw him alive on Sept 8 1943 Death is said to have occurred on the date stated above, at 12:45 am  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of Prostate Date of onset \_\_\_\_\_

Other contributory causes of importance: 46g

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) J. J. Skelton, M. D.  
 (Address) Moberly, Mo

RECEIVED

Health Officer No. 10

District File Number 10-43-1595

Date Filed OCT 5 1943

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 Paul Richard Brown

Licensed Embalmer No. 4324

P. O. Address Madison, 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, above space should be left blank.