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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3641

FILED FEB 2 1944

State File No. _____

Registration District No. _____

Primary Registration District No. 5798

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Monroe County

(b) City or town Shelbina, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Entire life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe

(c) City or town Shelbina, Mo. Rural
(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 Ralph 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 Martha D. Brown 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased February 13th 1879
(Month) (Day) (Year)

8. AGE: Years 64 Months 11 Days 9 If less than one day _____
hr. min.

9. Birthplace Neosha Falls Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Jim Brown

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

14. Maiden name NOT KNOWN

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

16. (a) Informant Mrs. Ralph Brown

(b) Address Shelbina, Missouri

17. (a) Burial (b) Date thereof 1-25-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbyville Mo.

18. (a) Signature of funeral director William B. Bacheler
Shelbina, Mo.

(b) Address _____

19. (a) 1-28-44 (b) Obs Hedberg
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22
year 1944 hour 2 minute P M.

21. I hereby certify that I attended the deceased from Dec. 15
_____ 1943, to Jan. 22 1944;
that I last saw him alive on Jan. 22 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pneumonia - lobar Duration 3 days

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

108

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 3

23. Signature R. L. Caldwell (M. D. or other) 80.
Address Shelbina Mo Date signed Jan 25 1944

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

RECEIVED

District Health Officer No. 10

District File Number 2-44-278

Date Filed FEB 5 1944

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

Ellen Hawkins

Licensed Embalmer No.

3498

P. O. Address

Shelburne N.H.

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.