DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10501

Registration District No. FILED APR 4 1944 Primary Registration District No. 3007 Registrar's No. 103

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

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 Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

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

(d) Street No. Qulin, Mo. RR#1 (If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME John William Brown

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 486-22-3995

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Kinnie Brown

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Nov (Month) 29 (Day) 1893 (Year)

8. AGE: Years 50 Months 4 Days 2 If less than one day hr. min.

9. Birthplace Savannah (City, town, or county) Tenn. 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name James M. Brown
13. Birthplace Materan Co. (City, town, or county) Tenn 1 (State or foreign country)

MOTHER
14. Maiden name Flora Tennessee Cole
15. Birthplace Waine Co. (City, town, or county) Tenn 1 (State or foreign country)

16. (a) Informant Kinnie Brown

(b) Address Qulin Mo. RR#1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-3-44 (Month) (Day) (Year)

(c) Place: burial or cremation Qulin Cemetery

18. (a) Signature of funeral director Frank Cotrall

(b) Address Poplar Bluff, Mo.

19. (a) 4-4-44 (Date received local registrar) (b) Bilee Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31 year 1944 hour 1 minute 50 A.M.

21. I hereby certify that I attended the deceased from 3-16, 1944, to 3-31, 1944 that I last saw him alive on 3-31, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis

Due to Intestinal obstruction caused from adhesion

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Intestinal obstruction from prior operation

Of autopsy [illegible]

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) —

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M.D. or other)

Address Poplar Bluff Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

APR 7 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 Paul Richard Brown

Licensed Embalmer No. 4324

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.