

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAY 11 1945  
Registration District No. 128

Primary Registration District No. 5592

Registrar's No. 85

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

1. PLACE OF DEATH

(a) County Jefferson  
(b) City or town Rural Joachim  
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Hematite R#1 Mo.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JESSE ALLEN BROWN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 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 Sept 23 1913  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 2 22 hr. min.

9. Birthplace Hematite R#1 Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Edward Brown

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

14. Maiden name Frankie M. Ke

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

16. (a) Informant Edward Brown

(b) Address R#1 Hematite Mo.

17. (a) Burial (b) Date thereof 12/16/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hematite Mo.

18. (a) Signature of funeral director Frank Russell Parlar

(b) Address Featers Mo.

19. (a) 12/16/43 (b) Mrs. Helen Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15  
year 1943 hour 3 minute 15 A. M.  
21. I hereby certify that I attended the deceased from Palmer inquest  
Dec 15, 1943, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death from natural causes  
possibly aggravated by some unspecified  
disease such as influenza. Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 330  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline (be 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 \_\_\_\_\_

23. Signature M.W. Welch, Jr. Acting Coroner (M. D. or other) \_\_\_\_\_

Address Crystal City Mo. Date signed 12/15/45

RECEIVED  
District Health Officer No. 9,  
District File Number \_\_\_\_\_  
Date Filed 5-10-44

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.

*Not* *Embalmed*  
Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.