

S. No. 2
4-11-10-39
7-5-17-39
P I X21482

30443

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 11 1944

Registration District No. 20

Primary Registration District No. 5095

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Mingo 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) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME Dennis Gene 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 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 16 1944
(Month) (Day) (Year)

8. AGE: Years _____ Months 4 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Price W. Va.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Everett Brown
13. Birthplace Moundville Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Ruby Annula Brown
15. Birthplace Bates Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ruby A Brown
(b) Address Adrian

17. (a) Burial (b) Date thereof 9-27-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parker Cemetery

18. (a) Signature of funeral director Robert Amold
(b) Address Creston Mo.

19. (a) Sept 26-44 (b) Blanchette
(Day received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates
(c) City or town Mingo Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26
year 1944 hour 3 PM minute _____ M.

21. I hereby certify that I attended the deceased from once only 19 _____ to Sept 26 1944;
that I last saw him alive on Sept 26 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Shock & enteritis Duration 30 hours

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 119a

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 _____

23. Signature D. J. Colson (M. D. or other) DO
Address Adrian Mo Date signed 9-27-44

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

7
0
0

RECEIVED

District Health Officer No. 7,

District No. _____

Date _____

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 _____

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, above space should be left blank.