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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9915

State File No.

FILED APR 10 1946

Registration District No. 167

Primary Registration District No. 5608

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Holden Rural Madison
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
South on Highway #131
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether)

In this community 60 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. South on Highway #131
(If rural, give location)

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

If yes, name country XXXX

3. (a) PRINT FULL NAME Charles Lester Brown

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Babe Kinder Brown

6. (c) Age of husband or wife if alive dec'd years

7. Birth date of deceased October 27, 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 4 8 hr. min.

9. Birthplace Cassopolis Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business same

MOTHER FATHER { 12. Name Robert Brown

{ 13. Birthplace unknown

{ 14. Maiden name Emeline Hurtle

{ 15. Birthplace Unknown

16. (a) Informant Mrs. E. Hancock

(b) Address Holden, Missouri

17. (a) Burial (b) Date thereof March 7, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holden, Missouri
Canaday & Ropp

18. (a) Signature of funeral director Holden, Missouri

(b) Address Holden, Missouri

19. (a) 4-1-46 (b) Mrs. V. Redford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th
year 1946 hour 5:30 minute P M.

21. I hereby certify that I attended the deceased from Jan 12th
1946 to March 5, 1946
that I last saw him alive on March 3, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death

Acute Endocarditis

Due to Hypertension

Due to Chronic Myocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 93d

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 Camillus Volbing (M: D. or other) D.O.
Address Holden, Mo Date signed 3/7/46

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

8841

5700

150

(Licensed Embalmer's Statement on Reverse Side)

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 Samuel B Roppo
Licensed Embalmer No. 4044
P. O. Address Holden 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.