

S. No. 2
M-243
5-17-39
PI X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14235

State File No. _____

FILED MAY 9 1946

Registration District No. 376

Primary Registration District No. 6075

Registrar's No. 124

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Rural, St. Francois
(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 Twenty Five (Specify whether years, months or days)

In this community Twenty Five years, months or days)

3. (a) PRINT FULL NAME Nolan Stewart Brown

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

3. (c) Social Security No. _____

4. Sex M. 5. Color or race W

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

6. (b) Name of husband or wife Anna Eckert

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

7. Birth date of deceased: Jan 6 1865
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>81</u> | <u>3</u> | <u>5</u> | hr. _____ min. |

9. Birthplace Batem Rough, Ia.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER {

12. Name James W. Brown

13. Birthplace Bucks Co. Penn.
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Caroline Downing
(City, town, or county) (State or foreign country)

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

16. (a) Informant Wade Brown

(b) Address 4441 A. New Brakka, Ave. St. Louis

17. (a) B. (b) Date thereof 4 13 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive, St. Louis, Mo.

18. (a) Signature of funeral director C.H. Cozean,

(b) Address Farmington, Mo.

19. (a) 4-11-46 (b) Ethier Rudloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Francois
(c) City or town Rural, St. Francois
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 19 46 hour 4 minute _____ A. M.

21. I hereby certify that I attended the deceased from Mar 1
1946 to April 11 1946
that I last saw him alive on April 9 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach
Duration 1 year

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy no 460

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 L. M. Stauffer (M. D. or other) _____
Address Springfield, Mo. Date signed 4/11/46

289 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 4

District File Number 546-2111

Date Filed 5-8-46

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 *Alcoyan*

Licensed Embalmer No. 4084

P. O. Address *Farmington*

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.