No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1947

Registration District No. 4

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5143

State File No. 4134

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution: Poplar Bluff Twp 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community about 12 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12 0

(c) City or town Providence 0
(If outside city or town limits, write "RURAL")

(d) Street No. ——— 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Spencer Rome Brown

3. (b) If veteran, name war ✓

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Color

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Sarah E. Brown

6. (c) Age of husband or wife if alive 87 years

7. Birth date of deceased ..... (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	1	20	hr. min.

9. Birthplace State of Georgia (City, town, or county) 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Unknown 9
13. Birthplace " (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name " 9
15. Birthplace " (City, town, or county) 1 (State or foreign country)

16. (a) Informant Theodore Harden Son

(b) Address Providence

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-4-47 (Month) (Day) (Year)

(c) Place: burial or cremation Morrow Mo

18. (a) Signature of funeral director Fred J Smith

(b) Address Sikeston Mo

19. (a) 2-3-47 (Date received local registrar) (b) Rt. Nuetze (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 31 year 1947 hour 3 minute P M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Embolus	
Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 936	PHYSICIAN
Of autopsy	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 3

23. Signature George W. Greer (M.D. or other) Coroner

Address Poplar Bluff Mo Date signed 2/3-47

35

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 247-24
Date Filed 2-14-47

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 Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address 104 Petty St Sitka

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.