

S. No. 2
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-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 27 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5741

Registration District No. 279

Primary Registration District No. 8956

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution 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 All of life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pike

(c) City or town Rural
(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 _____

3. (a) PRINT FULL NAME Herman W. Brown

(b) If veteran, name war _____

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19th day Feb- year 1947 hour 3 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from 2/2 1947, to 2/19 1947.

that I last saw him alive on 2/11-1947 and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife Martha E

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Dec 23 1869
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis

Duration Weeks

Due to _____

Due to _____

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

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>1</u>	<u>26</u>	hr. _____ min. _____

9. Birthplace: Lincoln Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation: Farming

11. Industry or business: _____

MOTHER FATHER

12. Name Leffridge Brown

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

14. Maiden name Mudrey

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

Major findings:

Of operations _____

Of autopsy 930

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant D. Clyde Brown

(b) Address _____

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? _____

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Feb 21 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Edia Mo

18. (a) Signature of funeral director: Wm Earl Hildreth

(b) Address Edia Mo

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature: J. B. Hoeger (M. D. or other) MD

Address Whitfield - Mo Date signed 2/19-1947

19. (a) Rec'd - 20-1947 (Date received local registrar)

W. E. Cochran (Registrar's signature)

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

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(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..... *Norman E. Gooch*

Licensed Embalmer No..... *2342*

P. O. Address..... *Leahia 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.