S. No. 2
M—2-43
7. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1947

Registration District No. 278

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10312

State File No.

Primary Registration District No. 3054

Registrar's No. 30

1. PLACE OF DEATH:
(a) County: Pike
(b) City or town: Louisiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 116 Georgia St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pike
(c) City or town: Louisiana
(If outside city or town limits, write "RURAL")
(d) Street No.: 116 Georgia St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: HENRY BROWN
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Male
5. Color or race: Black
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Minnie Brown
6. (c) Age of husband or wife if alive: Dec. years
7. Birth date of deceased: December (Month) II, (Day) 1875 (Year)
8. AGE: Years 71 Months 2 Days 27 If less than one day hr. min.
9. Birthplace: Louisiana, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Retired
11. Industry or business
FATHER
12. Name: William Brown
13. Birthplace: ? (City, town, or county) ? (State or foreign country)
MOTHER
14. Maiden name: Eliza Jordon
15. Birthplace: ? (City, town, or county) ? (State or foreign country)
16. (a) Informant: Mrs. Matt Morris (sister)
(b) Address: 116 Georgia St, Louisiana, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/11/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Riverview Cemetery
18. (a) Signature of funeral director: Haley Mortuary
(b) Address: Louisiana, Missouri
19. (a) 3/10/47 (Date received local registrar) (b) Bernice Collier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8 year 1947 hour 6:05 P.M. minute M.
21. I hereby certify that I attended the deceased from June 1944, 19, to March 1947, 19; that I last saw him alive on March 7, 1947, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: CEREBRAL HEMORRHAGE	3 yrs.
Due to: Hemiplegia, Right	3 yrs.
Due to: Arterio Sclerosis	10 yrs
Other conditions: Intestinal obstruction (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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: Robert L. Andrews (M. D. or other)
Address: Louisiana, Missouri Date signed: 3-12-47

374

(Licensed Embalmer's Statement on Reverse Side)

Registered
District Health Officer No. 10
District File Number 4.47.657
Date Filed APR - 5 1947

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~~ George O. Wagner ~~Registered Apprentice No.~~ working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, Missouri

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.