FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30687

FILED SEP 29 1948

Registration District No. 294 — Primary Registration District No. 3056 — Registrar's No. 244

1. PLACE OF DEATH:
(a) County RANDOLPH
(b) City or town MOBERLY (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: WOODLAND HOS. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether In this community ... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CHARITON Mo
(c) City or town TRIPLETT (If outside city or town limits, write "RURAL")
(d) Street No. ... (If rural, give location)
(e) Citizen of foreign country? ... (Yes or No)
If yes, name country ...

3. (a) PRINT FULL NAME STEPHEN E. BROWN
3. (b) If veteran, name war ...
3. (c) Social Security No. ...
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWER
6. (b) Name of husband or wife ...
6. (c) Age of husband or wife if alive ... years
7. Birth date of deceased AUGUST (Month) 18 (Day) 1868 (Year)

8. AGE: Years 80 | Months 1 | Days 1 | If less than one day ... hr. ... min.

9. Birthplace MARION CO (City, town, or county) TENN (State or foreign country)
10. Usual occupation LABORER
11. Industry or business ...
FATHER
12. Name STEPHEN E. BROWN
13. Birthplace (City, town, or county) KENTUCKY (State or foreign country)
MOTHER
14. Maiden name MYRIA HOLT
15. Birthplace (City, town, or county) KENTUCKY (State or foreign country)
16. (a) Informant MRS. EVELENA CLARK
(b) Address RICHMOND MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-20-1948 (Month) (Day) (Year)
(c) Place: burial or cremation TRIPLETT MO
18. (a) Signature of funeral director [signature]
(b) Address BRUNSWICK MO
19. (a) 9-20-48 (Date received local registrar) (b) Jesh W. Lowe (Registrar's signature) 2604

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 17 year 1948 hour 3 minute 25 P.M.
21. I hereby certify that I attended the deceased from Sept 14 1948 to Sept 17 1948 that I last saw him alive on Sept 17 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	24 hours
Due to ...	
Due to ...	
Other conditions: Intracapsular fracture right hip (Include pregnancy within 3 months of death)	30 days

Major findings:
Of operations ...
Of autopsy ...

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence about 30 days previously
(c) Where did injury occur? Brunswick (City or town) Chariton (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? [signature] (Specify type of place)
While at work? [signature] (e) Means of injury fall
23. Signature [signature] (M. D. or other) [signature]
Address Moberly Mo Date signed Sept 22 1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 9-48-168
Date Filed SEP 28 1948

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 L M Meisel

Licensed Embalmer No. 823

P. O. Address Brunswick

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.

No. 2B
3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 0 A

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 244

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(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 (Specify whether years, months or days)
In this community

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

3. (a) PRINT FULL NAME Stephen E. Brown
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive Years
7. Birth date of deceased Aug. 18 1866 (Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days If less than one day hr. min.

9. Birthplace (City, town, or county) Tenn (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 9-20-48 (Date received local registrar) (b) Leah Williams Parks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Sept. Day 17 year 1948 hour minute 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.

Immediate cause of death — Duration
Due to
Due to
Other conditions
(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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

1948
5-30687