

U.S. No. 2
 FORM-5-43
 Rev. 5-17-39
 I X36671

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED JAN 5 1949

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
DELAYED
 Primary Registration District No. 3007

State File No. 39463
 Registrar's No. 414

1. PLACE OF DEATH:
 (a) County Butler
 (b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Brandon Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 Days
(Specify whether years, months or days)
 In this community 10 Days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Carter
 (c) City or town Van Buren
(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 Robert E. Brown
 (b) If veteran, name war World War 1 (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 (b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb 22 1898
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>2</u>	<u>12</u>	hr. _____ min. _____

9. Birthplace Birch Tree Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Druggist

11. Industry or business _____
 12. Name David M. Brown
 13. Birthplace Birch Tree Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Bernetta Parker
 15. Birthplace Phelps Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant B. O. Brown
 (b) Address Birch Tree, Mo.
 17. (a) Burial (b) Date thereof 5-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brown Cemetery
 18. (a) Signature of funeral director Phil A. Leuckel
 (b) Address Van Buren Mo.
 19. (a) 5/28/48 (b) P. H. Ammeler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 4
 year 1948 hour 4 minute p M.
 21. I hereby certify that I attended the deceased from April 24, 1948 to May 4, 1948
 that I last saw him alive on May 4, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis
 Duration 1 yr.
 Due to Hypertension 3 yrs.

Due to _____
 Other conditions 131B
(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?
 While at work? _____ (Specify type of place)
 (e) Means of injury _____
 Signature [Signature] (M. D. or other) _____
 Address Poplar Bluff, Mo. Date signed 5/7/48

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 149-12

Date Filed 1-3-49

NOV 30 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 May 4-48

....., Registered Apprentice No.
working under my personal supervision.

Signed Phil A. Leech

..... Licensed Embalmer No. 2936

P. O. Address Van Buren, 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.