

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 22 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9409
Registrar's No. 2

Registration District No. 4121

Primary Registration District No. 69-4121

1. PLACE OF DEATH:

(a) County Christian
(b) City or town Billings Mo
(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) 1
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian
(c) City or town Billings 24
(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

Frank H. 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, ~~married~~

6. (b) Name of husband or wife Lucy Brown

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

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

8. AGE: Years 62 Months 5 Days 15 If less than one day hr. min.

9. Birthplace Ozark Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Clerk

11. Industry or business

12. Name Eli B. Brown

13. Birthplace Ozark Mo. (City, town, or county) (State or foreign country) 0

14. Maiden name Sarah Clapp

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

16. (a) Informant Mr. Frank Brown

(b) Address Billings Mo

17. (a) Burial (b) Date thereof Feb 2 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Ross Hill Cemetery

18. (a) Signature of funeral director H. Wallace

(b) Address Billings Mo

19. (a) Feb. 8 - 1945 (b) Mary F. Spears (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30 year 1945 hour 12 minute 20 P.M.

21. I hereby certify that I attended the deceased from June 16 1942, to Jan 30 1945; that I last saw him alive on Jan 30 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 2 days

Due to Arterio-sclerotic Cardio-renal disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1210

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

23. Signature Charles Spears (M. D. or other) MD

Address Billings, Mo Date signed 2-1-45

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

9409

RECEIVED
District Health Officer No. 6,
District File Number 345-314
Date Filed MAR 19 1945

OCT 31 1944

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 Ernest Morsh
A. S. Wallace, Registered Apprentice No. 2176
working under my personal supervision.

Signed A. S. Wallace
Licensed Embalmer No. 2176
P. O. Address Billings, 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.