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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36599

Registration District No. 8-63 Primary Registration District No. 6137 Registrar's No. 29

1. PLACE OF DEATH:
(a) County Texas
(b) City or town Houston, (If outside city or town limits, write "RURAL" and name of township) Piney
(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 2 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Texas
(c) City or town Houston, Mo. (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: FRANKLIN REO BROWN
3. (b) If veteran, name war
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida Brown
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Oct (Month) 4 (Day) 1871 (Year)

8. AGE: Years 69 Months 0 Days 19 If less than one day hr. min.

9. Birthplace Texas Co. (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Farmer 9
11. Industry or business 1
FATHER
12. Name Wm Brown 9
13. Birthplace Unknown (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name Sarah Thomas
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Ida Brown
(b) Address Houston, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/27/40 (Month) (Day) (Year)
(c) Place: burial or cremation Houston,
18. (a) Signature of funeral director Gaylord V Elliott
(b) Address Houston, Mo
19. (a) Oct 26 1940 (Date received local registrar) (b) Mabel Shacklett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23 year 1940 hour 2 minute 30 P.M.
21. I hereby certify that I attended the deceased from Aug. 20, 1939, to Oct 23, 1940, that I last saw h/M alive on Oct. 23, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	
Due to: Chronic arthritis deformans	
Due to:	
Other conditions: senility (Include pregnancy within 3 months of death)	0
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 J M Dillman (M. D. or other) M.D
Address Houston, Mo Date signed 10-24-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 1140122
Date Filed _____

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.