

No. 2
A-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7551

State File No. _____

FILED FEB 20 1947

Registration District No. _____

Primary Registration District No. 4493

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Shannon

(b) City or town Birch Tree, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether)

In this community 15 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shannon 101

(c) City or town Birch Tree, Mo
(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 Bessie E. Brown

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16th
year 1947 hour 6 minute 30 p. M.

21. I hereby certify that I attended the deceased from Jan 12 1947, to Jan 16 1947
that I last saw her alive on Jan 16 1947
and that death occurred on the date and hour stated above.

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, divorced Married

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

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Jan 16th, 1869
(Month) (Day) (Year)

8. AGE: Years 64 Months _____ Days _____ If less than one day
hr. _____ min. _____

Immediate cause of death myocarditis

Duration _____

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

9. Birthplace Iowa /
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name David Holmes

13. Birthplace Iowa /
(City, town, or county) (State or foreign country)

14. Maiden name Amelia Hockett

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

Major findings:
Of operations _____

Of autopsy _____

Physician _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Alberta Dunbar

(b) Address 1739 Larimer St Denver Colo

17. (a) Burial (b) Date thereat Jan 19th, 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mountain View, Mo

18. (a) Signature of funeral director John S. Duncan

(b) Address Mountain View, Mo

19. (a) 1/19/47 (b) Mar Reels
(Date received local registrar) (Registrar's signature)

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 0

23. Signature R. J. Davis (M. D. or other) _____
Address Birch Tree Mo Date signed 1/19/47

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

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. *John J. Almean*

Licensed Embalmer No. *2516*

P. O. Address *North Kent Ohio*

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.