

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 13 1939

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 321

1. PLACE OF DEATH:  
 (a) County CALLAWAY  
 (b) City or town FULTON  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 832 Center 2  
(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)

3. (a) PRINT FULL NAME ZELHAH D. BROWN  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced SINGLE  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Feb. 24 1874  
(Month) (Day) (Year)

8. AGE: Years 65 Months 9 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace CALLAWAY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business \_\_\_\_\_

12. Name H. H. BROWN

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

14. Maiden name MARY MENNER

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

16. (a) Informant's own signature Hester Hatcher

(b) Address Mexico, Mo.

17. (a) BURIAL (b) Date thereof Dec. 2, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest FULTON

18. (a) Signature of funeral director Glen Y. Manpin

(b) Address 700 Court St. Fulton, Mo.

19. (a) Dec. 2, 1939 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MISSOURI (b) County CALLAWAY  
 (c) City or town FULTON  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 832 Center  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH, Month Nov. day 30<sup>th</sup>  
 year 1939 hour 11 minute 30 P.M.  
 21. I hereby certify that I attended the deceased from 5/25/37  
 \_\_\_\_\_, 19\_\_\_\_, to Present., 19\_\_\_\_;  
 that I last saw him her alive on 11/30/39, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac insufficiency Duration \_\_\_\_\_  
following arterosclerosis, hyper-  
tention, cardiac hypertrophy,  
 Due to all preceded by rheumatism.

Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy No 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 Glen Y. Manpin  
 Address Fulton Mo Date signed 12/1/39

**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

John D. Batchelder, Registered Apprentice No. 192  
working under my personal supervision.

Signed

Glen Y. Maupin

Licensed Embalmer No.

2725

P. O. Address

Fulton, 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, above space should be left blank.**