MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

40971
Do not use this space.

1. PLACE OF DEATH
(a) County Shannon — Registration District No. 7
(b) Township Eminence — Primary Registration District No. 11
or
(c) City ____ (d) Street No. ____ Registered No. ____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. (f) How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. PRINT FULL NAME (Col) Mary Ann Brown

(a) Residence, No. ____ St. ____
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF George Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5 - 1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ____hrs. or ____min.
	90	3	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo - 0 0 9

FATHER
13. NAME Dave Turpin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT C A Brown
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Munsie Chapel DATE 11 - 15 - 39 19

19. FUNERAL DIRECTOR (NAME) Home
(ADDRESS)

20. FILED 11 - 15 - 1939 Frank Hyde MD
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov - 14 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov - 1 - 1939, to Nov - 14 - 1939
I last saw h[illegible] alive on Nov 10 - 1939. Death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
a Apoplexy	

Other contributory causes of importance:

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____
Where did injury occur? ____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____
(Signed) Frank Hyde, M. D.
(Address) Eminence Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X16805

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.

RECEIVED
District Health Officer No. 8,
District File Number 1239.59
Date Filed 12.20.39

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.