

JAN 22 1940

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

44867

Do not use this space.

1. PLACE OF DEATH

(a) County Stone
(b) Township Logan
(c) or CityRegistration District No. 843Primary Registration District No. 6085

Registered No.

(d) Street No. St.
(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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Eunice Lucreta Brown.(a) Residence, No. Galena, Mo. Star Route. 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

female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFWilliam A. Brown,6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25, 1855

7. AGE

YEARS

84

MONTHS

2

DAYS

29If LESS than 1
day, ... hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.housewife9. Industry or business in which work
was done, as saw mill, bank, etc.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)

Penn.

FATHER

13. NAME William Elder

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

17. INFORMANT

(ADDRESS)

Mrs. Eunice Quimby,
Galena, Mo. Star Route

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cem. at Great Bend, Dec. 29, 1939

19. FUNERAL DIRECTOR (NAME)

(ADDRESS)

Kansas, T.W. Maples,
Clever, Mo.

20. FILED

Dec 26 1939 Nellie Ironby
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 24, 19 3922. I HEREBY CERTIFY, That I attended deceased from
Nov 1, 1939, to Dec 24, 1939I last saw him alive on Dec 23, 1939 Death is saidto have occurred on the date stated above, at 5-50A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

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? Yes

If so, specify

(Signed)

(Address)

RECEIVED

District Health Officer No. 6,

District File Number 140-202

Date Filed JAN 1 1940

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, ~~only~~

....., Registered Apprentice No.
working under my personal supervision.

Signed J.W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever, 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.