

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. **14585**

MAY 13 1940

Registration District No. **265**Primary Registration District No. **5230**Registrar's No. **23**

## 1. PLACE OF DEATH:

(a) County Cedar  
(b) City or town Stockton Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: T Jefferson Twp. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community all of life  
years, months or days

3. (a) PRINT FULL NAME Clara Ellen 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 widowed6. (b) Name of husband or wife John F. Brown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased March 18, 1858  
(Month) (Day) (Year)8. AGE: Years 82 Months \_\_\_\_\_ Days 13 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace Ill. (City, town, or county) (State or foreign country)10. Usual occupation Housewife

## 11. Industry or business

MOTHER FATHER { 12. Name John Six  
13. Birthplace Ill. (City, town, or county) (State or foreign country)  
14. Maiden name Mary Duncan (City, town, or county) (State or foreign country)  
15. Birthplace Ill. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Clarence York(b) Address Dunnegan, Mo.17. (a) Lindley Pr. (b) Date thereof 4/2/40  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Lindley Prairie18. (a) Signature of funeral director H. C. Davis & Co.(b) Address Stockton, Mo.19. (a) Apr. 4 1940 (b) Minnie Barleton  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar  
(c) City or town Stockton, Missouri  
(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.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 1  
year 1940 hour 11 minute 30 P. M.21. I hereby certify that I attended the deceased from May 10,  
1939, to March 24, 1940  
that I last saw her alive on March 24 1940  
and that death occurred on the date and hour stated above.Immediate cause of death Chronic myocarditis + myocardial degeneration Duration 1 yearDue to arteriosclerosis

Due to \_\_\_\_\_

Other conditions none  
(Include pregnancy within 3 months of death)Major findings: none  
Of operationsOf autopsy none

## 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? 0  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Bernard C. Adair (M. D. or other) M.D.  
Address Stockton, Mo. Date signed 4-2-40

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**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.....

Licensed Embalmer No.....

P. O. Address.....

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