

FILED AUG 10 1940

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

28378
Do not use this space.

1. PLACE OF DEATH

- (a) County Dallas Registration District No. 247
 (b) Township Wilson Primary Registration District No. 5343
 (c) City _____ (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. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

- (a) Residence, No. 650 Mary Jane Brown
Dallas, Mo. Mrs. R. M. Brown
 (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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>R. M. Brown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>OCT 27 - 1872</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>9</u>
	DAYS <u>19</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. 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) <u>Mo. O</u>		
FATHER	13. NAME <u>John E. Miller</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo. O</u>	
MOTHER	15. MAIDEN NAME <u>Nancy J. Price</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill. I</u>	
17. INFORMANT (ADDRESS) <u>R. M. Brown Long Lane, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Diagonal Cem.</u> DATE <u>8-17-40</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>F. B. Jones Buffalo Mo.</u>		
20. FILED <u>9-10-40</u> <u>2719</u> <u>Dallas</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-16, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1:35 to 8-16, 1940
 I last saw her alive on 8-15, 1940 Death is said to have occurred on the date stated above, at 3:15 a.m.
 The principal cause of death and related causes of importance were as follows:
Pernicious Anemia

Date of onset

Other contributory causes of importance:
11/2

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

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? no
 If so, specify _____
 (Signed) Frank J. Gannon M. D.
224 (Address) Buffalo 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.

RECEIVED

District Health Officer No. 7,

District File Number 9-40-1931

Date Filed 9-13-40

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 with the above constitutes grounds for revocation of license.)

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