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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

32814  
State File No. \_\_\_\_\_  
Registrar's No. 309

Registration District No. 668 Primary Registration District No. 3039

1. PLACE OF DEATH:  
(a) County Pettis  
(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
312 E 2nd St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Rosetta Beatrice Brown  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Fe 5. Color or race Wh 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 Sept 5 1939  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 3 22 hr. min.

9. Birthplace Sedalia Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

12. Name Howard Lewis Brown  
13. Birthplace Adams Co Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Beatrice Gray  
15. Birthplace Red Oak Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant H. L. Brown  
(b) Address Sedalia Mo.

17. (a) Burial (b) Date thereof 8-28-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director McLaughlin  
(b) Address Sedalia

19. (a) 8-28-40 (b) Harry Sneed  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town 0  
(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 Sept day 27  
year \_\_\_\_\_ hour 6 minute 20 P. M.

21. I hereby certify that I attended the deceased from Sept 14 1940 to Sept 27 1940  
that I last saw her alive on Sept 27 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
meningitis  
Due to whooping cough  
Due to Bronchial pneumonia  
Other conditions (Include pregnancy within 9 months of death) \_\_\_\_\_

Major findings: Of operations 9  
Of autopsy \_\_\_\_\_

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? At home

(Specify type of place) \_\_\_\_\_  
While at work \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
23. Signature H. L. Brown (M. D. or other) \_\_\_\_\_  
Address Sedalia Date signed Oct 4 1940

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED  
District Health Officer No. 8  
District File Number  
Date Filed 10-11-40

**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.....

.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed.....

*J. E. Baker*

Licensed Embalmer No. ....

P. O. Address.....

2419  
*Sedalia*

**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, fact should be so stated above.**