

FILED OCT 23 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32855

Registration District No. 678

Primary Registration District No. 4404

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town St James
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 Alice A. 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 wid
6. (b) Name of husband James Brown 6. (c) Age of husband or wife if alive decd years
7. Birth date of deceased 4 - 12 - 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 12 If less than one day hr. min.

9. Birthplace cell 1
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER
12. Name William Cooper
18. Birthplace Virg
14. Maiden name Elizabeth Spradling
15. Birthplace Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Zelma Bolin

(b) Address Cedar Lake Ind

17. (a) Burial (b) Date thereof 9-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem

18. (a) Signature of funeral director W B Kiehl

(b) Address St James Mo

19. (a) Oct. 1-1940 (b) Alice B. Doherty
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shelby
(c) City or town St James
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 24
year 1940 hour 10 minute 18 P. M.

21. I hereby certify that I attended the deceased from Sept 18-40
_____ 19 _____ to Sept 24 - 1940
that I last saw her alive on Sept 24 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to arteriosclerosis Duration 4 yr

Due to _____

Other conditions HTN
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? _____

At While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature William H. Bolin (M. D. or other) _____

Address St James Mo Date signed 9/25/40

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

RECEIVED

District Health Officer No. 5,

District File Number 10401070

Date Filed

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 W E Rickler

Licensed Embalmer No. 1970

P. O. Address St. James 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.