

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34967

Registration District No. 875

Primary Registration District No. 51708

Registrar's No.

1. PLACE OF DEATH:

(a) County Candlen County  
(b) "City or town" Rural Anglaise Twp  
(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

In this community  
years, months or days)

3. (a) PRINT FULL NAME Wanda-Lion Brown

8. (b) If veteran, name war none 3. (c) Social Security No. no

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife 6. (c) Age of husband or wife if

7. Birth date of deceased Sept 21 1940  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
11 hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name Thomas Brown  
13. Birthplace Candlen Co. Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Ruby Coyle  
15. Birthplace Pulaski Co. Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant: T. H. Brown

(b) Address Stoutland Mo

17. (a) burial (b) Date thereof Oct 3 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Point Cem.

18. (a) Signature of funeral director Virgil Evans

(b) Address Stoutland Mo

19. (a) Nov 2 1940 (b) Mrs. Mabel Pool Mooney  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Candlen

(c) City or town Anglaise Twp Rural  
(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 Oct day 2nd  
year 1940 hour 6:20 minute AM

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

Immediate cause of death inaction

Due to Emmaturity 54

Due to

Other conditions Uterine Hemorrhage  
(Include pregnancy within 3 months of death)  
of the mother

Major findings:  
Of operations

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?

While at work? (Specify type of place) (a) Means of injury

23. Signature C. E. Carter (M. D. or other)

Address Stoutland Mo Date signed 10-3-40

RECEIVED

District Health Officer No. 7,

District File Number 11-40-1088

Date filed 11-12-40

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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 with the above constitutes grounds for revocation of license.)**

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