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13-40
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X23150

State File No. _____

Registration District No. _____

Primary Registration District No. 3008

Registrar's No. 318

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Dalton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Callaway Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution eight days
(Specify whether
In this community thirteen years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Dalton Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 206 E. 9th
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30
year 1940 hour 9:00 minute P M.
21. I hereby certify that I attended the deceased from June 1 1938
Nov 30 1940 to Nov 30 1940;
that I last saw her alive on Nov 30 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Erythras.
Due to Endocarditis
Due to Pneumococcus
Other conditions (Include pregnancy within 3 months of death) _____

Duration

PHYSICIAN

Major findings: none
Of operations _____
Of autopsy none
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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. N. Crews (M. D. or other) _____
Address Fulton Mo. Date signed 12-1-40

3. (a) PRINT FULL NAME MARGARET ELLE BROWN

3. (b) If veteran, name war ✓ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Joe L. Brown 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Oct. 13 1856
(Month) (Day) (Year)

8. AGE: Years 84 Months 1 Days 17
If less than one day hr. _____ min. _____

9. Birthplace Peves (City, town, or county) Missouri (State or foreign country)

10. Usual occupation at home

11. Industry or business 1

12. Name H. J. Wade

13. Birthplace Missouri (City, town, or county) (State or foreign country)

14. Maiden name Margaret Jane Harper

15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Margaret Brown

(b) Address Dalton, Mo.

17. (a) Removal (b) Date thereof Dec. 1, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union City, Missouri

18. (a) Signature of funeral director W. H. Wallace

(b) Address Dalton, Mo.

19. (a) Dec. 1, 1940 (b) R. N. Crews
(Date received local registrar) (Registrar's signature)

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

FILED DEC 11 1940

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.....

Harold J. Christy

Licensed Embalmer No.....

40012

P. O. Address.....

Pultow, 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, fact should be so stated above.