

MAR 24 1941 348  
Registration District No.

Primary Registration District No. 5486

Registrar's No. 11704

## 1. PLACE OF DEATH:

(a) County Henry  
 (b) City or town Brownington, Mo.  
 (If outside city or town line, write F.R.A.R. No. and name of township)  
 (c) Name of hospital or institution: None  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1  
 In this community Four months (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY, ANN, PACKHAM3. (b) If veteran, - name war - 3. (c) Social Security No. -

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband Whereabouts unknown 6. (c) Age of husband or wife if alive - years  
 7. Birth date of deceased Nov 22 1858  
 (Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 11 If less than one day hr. min.9. Birthplace St Catharine Mo. (City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business

12. Name Hugh M. Calhoun  
13. Birthplace Paris, Ky. (City, town, or county) (State or foreign country)14. Maiden name Louisa Packham  
15. Birthplace Ky. (City, town, or county) (State or foreign country)16. (a) Informant's own signature Edna Walker(b) Address Brownington, Mo.17. (a) Burial (b) Date thereof Mar 15 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mt Zion Mo18. (a) Signature of funeral director Chas Dickert(b) Address Brownington, Mo.19. (a) 3-14-41 (b) C.P. Taylor, M.D.  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry  
 (c) City or town Brownington, Mo.  
 (If outside city or town line, write F.R.A.R. No. and name of township)  
 (d) Street No. Brownington, Mo. R. 1  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. 0 years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13  
year 1941 hour 6 minute 20 P. M.21. I hereby certify that I attended the deceased from March 12, 1941, to March 13, 1941; that I last saw her alive on 3-12, 1941; and that death occurred on the date and hour stated above.Immediate cause of death Influenza Duration 5 da

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 22 1/2  
(include pregnancy within 3 months of death)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) (e) Means of injury \_\_\_\_\_

23. Signature Edna Walker (M. D. or other) M.D.Address Brownington Mo Date signed 3-14-41

RECEIVED

District Health Officer No. 71  
District File Number 3-41-363  
Date Filed 3-21-41

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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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 7067

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 348

Primary Registration District No. 5486

Registrar's No.

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Osage  
(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  
In this community (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Ann Packham

3. (b) If veteran, name war  
3. (c) Social Security No.

4. Sex 7  
5. Color or race W  
6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased Nov - 22 - 1858  
(Month) (Day) (Year)

8. AGE: Years 82  
Months 9  
Days 7  
If less than one day

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) B-14-41 (b) C.D. Taylor, M.D. (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County  
(c) City or town (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 Mar day 13  
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from  
that I last saw him alive on  
and that death occurred on the date and hour stated above.  
Immediate cause of death

Duration

Due to

Due to

Other conditions (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?

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

23. Signature G.S. Walker (M. D. or other)

Address Clinton MO Date signed

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

MOTHER FATHER

SUPPLEMENTAL

3-11-41  
C. R. Taylor