

No. 2
4-13-40
5-17-39
1 X21

MAR 19 1941

Registration District No. 244

Primary Registration District No. 3035

Registrar's No. 18

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

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Richmond Mo.
(If outside city or town limits, write "RURAL" 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 now
(Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME Cora 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 Single

6. (b) Name of husband or wife none

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 7th 1870.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>3</u>	<u>4</u>	_____ hr. _____ min.

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

10. Usual occupation House keeper

11. Industry or business _____

12. Name Stephen Brown

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

14. Maiden name Marion Holt

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

16. (a) Informant Lenna Clark

(b) Address Richmond Mo.

17. (a) Richmond (b) Date thereof Feb. 13-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond Cem.

18. (a) Signature of funeral director JOB B. [Signature]

(b) Address Richmond Mo.

19. (a) Feb. 14-41 (b) Malcol Jackson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray

(c) City or town Richmond Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. Main
(If rural, give location)

(e) If foreign born, how long in U. S. A.? U.S.A. years.

1941 MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11th
year 194 hour 6 minute 20 M.

21. I hereby certify that I attended the deceased from Feb 2
1941, to Feb 11 1941

that I last saw h. alive on Feb 11 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Due to Arteriosclerosis 29%
Sclerosis

Due to _____

Other conditions 30
(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? _____

23. Signature [Signature] (M. D. or other) MD.
Address Richmond Mo. Date signed 2-13-41

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 3-12-41

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.....

J. B. Brothers

Registered Apprentice No.....

working under my personal supervision.

Brothers Funeral Home

Signed: *J. B. Brothers*

Licensed Embalmer No. 2001

P. O. Address Richmond 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.