No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
APR 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11321

Registration District No. 5-35 Primary Registration District No. 5720 Registrar's No. 149

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

1. PLACE OF DEATH
(a) County Macon
(b) City or town Excello, Mo
(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 (Specify whether years, months or days)
In this community all her life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Macon
(c) City or town Excello, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ... years.

3. (a) PRINT FULL NAME Vivian Louise Brown
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ... years
7. Birth date of deceased Dec. 9th (Month) 1940 (Day) (Year)
8. AGE: Years | Months 2 | Days 12 | If less than one day ... hr. ... min.
9. Birthplace Macon Co. Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Infant
11. Industry or business
MOTHER FATHER
12. Name John Brown
13. Birthplace Macon Co. Mo. (City, town, or county) 0 (State or foreign country)
14. Maiden name Martha Kline
15. Birthplace Shelby Co. Mo. (City, town, or county) 0 (State or foreign country)
16. (a) Informant Mrs John Brown
(b) Address Excello Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-41 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Salem Cem
18. (a) Signature of funeral director Stephens & Goodding
(b) Address Macon, Mo
19. (a) March 5, 41 (Date received by registrar) (b) Bela King (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21st year 1941 hour 8 minute 00 P.M.
21. I hereby certify that I attended the deceased from birth, 19..., to Feb 21, 1941; that I last saw her alive on Feb 16, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hydrocephalus (congenital)	2 mo
Due to: Spina Bifida	from birth
Due to: Other congenital deformities & Clubfoot, meningocele	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 157	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature C. A. Stryjewski (M. D. or other) D.O.
Address Jacksonville Date signed Feb 22, 1941

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-41-661
Date Filed APR 10 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, ~~or by~~ ....., Registered Apprentice No. ..... working under my personal supervision.

Signed C. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.