S. No. 2
—11-10-39
. 3-17-39
I X2149

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11770

FILED APR 28 1941

Registration District No. 727 Primary Registration District No. 4433 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Ralls.

(b) City or town Perry, Missouri

(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

In this community 35 Yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls.

(c) City or town Perry, Missouri

(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.? 0 years.

3. (a) PRINT FULL NAME Fannie 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 John R. Brown.

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

7. Birth date of deceased December, 9, 1863 (Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 1 If less than one day hr. min.

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

10. Usual occupation Housewife.

11. Industry or business Home.

FATHER
12. Name James Wilson.
13. Birthplace Lincoln Com (City, town, or county) Missouri. (State or foreign country)

MOTHER
14. Maiden name Charity Cross Hedges.
15. Birthplace Lincoln, Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Chattie Brown

(b) Address Perry, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/41 (Month) (Day) (Year)

(c) Place: burial or cremation Lickcreek Cemetery.

18. (a) Signature of funeral director Clyde C. Wilbey

(b) Address Perry, Missouri.

19. (a) 3/12/41 (Date received local registrar) (b) Clyde C. Wilbey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th year 1941 hour 7 50 minute a. M.

21. I hereby certify that I attended the deceased from 3-1-, 1941, to 3-9-, 1941, that I last saw her alive on 3-9-, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Influenza and croupous Pneumonia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 R. E. Suter (M. D. ~~or other~~)

Address Perry Mo Date signed 3-10-41

(Licensed Embalmer's Statement on Reverse Side)

SEP 22 1944

RECEIVED
District Health Officer No. 10
District File Number 4-41-774
Date Filed APR 14 1941

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~~ Clyde C. Wilkey, Registered Apprentice No. _____, working under my personal supervision.

Signed Clyde C. Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, 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, above space should be left blank.