No. 2
4-13-40
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X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

13911

State File No.

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 384

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town Saint Joseph, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital, (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days, (Specify whether
In this community 29 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town Saint Joseph, (If outside city or town limits, write "RURAL")
(d) Street No. 712 Jules Street, (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mary Nancy Brown,
3. (b) If veteran, name war None, 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 William Hardin Brown, 6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 27, 1877 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
64	2	7	hr. min.

9. Birthplace DeKalb County, Missouri, (City, town, or county) (State or foreign country)
10. Usual occupation At Home,
11. Industry or business
FATHER
12. Name William O. Joy,
13. Birthplace Unknown, Kentucky, (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah E. Edwards,
15. Birthplace Liberty, Missouri, (City, town, or county) (State or foreign country)
16. (a) Informant Lorene J. Brown
(b) Address 712 Jules Street,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/5/41, (Month) (Day) (Year)
(c) Place: burial or cremation Mount Auburn Cemetery
18. (a) Signature of funeral director Heaton-McGale & Bowman Funeral Home
(b) Address 319 So. 10th Street,
19. (a) 4/5/41 (Date received local registrar) (b) H J Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th. year 1941 hour 1:00 minute 25 a.M.
21. I hereby certify that I attended the deceased from Mar 27-41, 19, to Apr 4, 1941; that I last saw her alive on Apr 4, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Haemolytic Staphylococcus Septicemia	7 days
Due to Chr. Endocarditis	yrs?
Due to —	
Other conditions Broncho Pneumonia (Include pregnancy within 3 months of death)	5 days

92 P

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

85

23. Signature H W Earle MD (M. D. or other) M.D.
Address P S Bldg Date signed 4/4/41

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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 Apr. 4

Registered Apprentice No.

working under my personal supervision.

Signed Wm. E. Summerfield

Licensed Embalmer No. 3007

P.O. Address 319 Dorothy St. Joseph

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

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