

Registration District No. 34

Primary Registration District No. 5050

Registrar's No. 13

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Rural Liberty
(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 _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. West of Exeter
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME ANNA COLEEN BROWN
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month May day 4
year 1941 hour 7:10 minute 45 A. M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from May 4th, 1941, to May 4th, 1941, that I last saw her alive on May 4th, 1941, and that death occurred on the date and hour stated above.

7. Birth date of deceased May 4 1941
(Month) (Day) (Year)
8. AGE: Years _____ Months _____ Days _____ If less than one day 6 hr, 55 min.

Immediate cause of death Premature Birth
6 mo.
Due to unknown
Due to _____

9. Birthplace Barry Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation None

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

11. Industry or business None
MOTHER FATHER { 12. Name Orlie Brown
13. Birthplace Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name Clara Engle
15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Clara Brown
(b) Address Exeter Mo
17. (a) Burial (b) Date thereof May 5 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maplewood Am. Ch. 0
18. (a) Signature of funeral director Wm. Morris Tope
(b) Address Wheeler Mo
19. (a) May 14-41 (b) Mrs. H. P. Beary
(Date received from local registrar) (Registrar's signature)

Physician _____ Underline the cause to which death should be charged statistically.
23. Signature John P. Beary (M. D. or other) Mo.
Address Wheeler Mo. Date signed May 10-41

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District No. 641-893

Date Filed JUN 9 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.....

....., 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.