

FILED JUL 17 1941
96

Registration District No. _____

Primary Registration District No. 4058

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Caldwell
(b) City or town Hamilton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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)

8. (a) PRINT FULL NAME Joella Brown

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased: Oct 20 1911
(Month) (Day) (Year)

8. AGE: Years 69 Months 7 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name Richard B. Burton

13. Birthplace Howard Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Ann

15. Birthplace Howard Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Buckworth

(b) Address Hamilton Mo.

17. (a) Burial (b) Date thereof June 9 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hamilton

18. (a) Signature of funeral director James P. ...

(b) Address Hamilton Mo.

19. (a) June 9 1941 (b) Male Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell
(c) City or town Hamilton
(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.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day SIXTH
year 1941 hour 12 minute P M.

21. I hereby certify that I attended the deceased from JAN. 5
1941, to JUNE 6, 1941;
that I last saw ER alive on JUNE 6, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of the liver
Duration 12 1/2

Other conditions: _____
(Include pregnancy within 3 months of death)

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? _____

While at work? 100 (Specify type of place) _____
of injury _____

23. Signature Jerry B. Ester (M. D. or other) DO.
Address Hamilton Mo. Date signed June 7 41

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

MOTHER'S FATHER

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JUL 28 1942

2000 B...

2000

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

Me

Registered Apprentice No.

working under my personal supervision.

Signed

Morris A. Brown

Licensed Embalmer No.

3918

P. O. Address

Hamilton Me

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.

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