

FILED JUL 17 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

22092

State File No.

Registrar's No.

Registration District No. 497

Primary Registration District No. 5661A

1. PLACE OF DEATH:

(a) County Linn  
(b) City or town Browning, Mo. Rural Benton Twp  
(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 \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn  
(c) City or town Browning, Mo. - Rural  
(If outside city or town limit, write "RURAL")  
(d) Street No. 0 (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8  
year 1941 hour 2 minute P.M.

21. I hereby certify that I attended the deceased from June May 26, 1941, to June 8, 1941;  
that I last saw her alive on June 8, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 6/4/41

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Hypertension  
(Include pregnancy within \_\_\_\_\_ months of death)  
Chronic Myocarditis

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J.R. McArthur (M. D. or other) 0  
Address Browning Mo Date signed 6/10/41

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME Ida Edens

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, Married

6. (b) Name of husband or wife W.S. Edens 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased. Jan 29 1882  
(Month) (Day) (Year)

8. AGE: Years 59 Months 4 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Charleston, Va. \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name W.C. McCormick

13. Birthplace Virginia \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Josie O. Anderson

(b) Address Linn Mo.

17. (a) Burials (b) Date thereof June 10 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jenkins Cemetery

18. (a) Signature of funeral director M. G. Thorne

(b) Address Laclede, Mo.

19. (a) June 10, 1941 (b) Myrtle Williams  
(Date received local registrar) (Registrar's signature)

SEP 4 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 Me

W.G. Thorne

, Registered Apprentice No. 3876

working under my personal supervision.

Signed

*W.G. Thorne*

Licensed Embalmer No. 2876

P. O. Address Laclede, 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.**