

FILED JUN 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22347

Registration District No. 646

Primary Registration District No. 5855

Registrar's No. 5

1. PLACE OF DEATH:

(a) County. Ozark
 (b) City or town. Rural - Jackson Mo.
 (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. 60 years (Specify whether years, months or days)
 In this community. 60 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Jane C. Brown

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

4. Sex fe. / 5. Color or race w
 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife. Bob Brown 6. (c) Age of husband or wife if alive. _____ years

7. Birth date of deceased. May 4 1853
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>-</u>	<u>21</u>	_____ hr. _____ min.

9. Birthplace Tenn. / (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Jonathan Patterson

13. Birthplace unknown (City, town, or county) (State or foreign country)

14. Maiden name unknown (City, town, or county) (State or foreign country)

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Walter Brown

(b) Address Souder, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26, '41 (Month) (Day) (Year)

(c) Place: burial or cremation Souder Cemetery

18. (a) Signature of funeral director O. B. McClure

(b) Address Barnesville, Mo.

19. (a) June 9-1941 (Date received local registrar) (b) Mrs. Riley Harris (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ozark 177
 (c) City or town Rural (If outside city or town limits, write "RURAL")
 (d) Street No. 3/4 mi. N. of Souder, Mo. (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1941 hour 1 minute 35 P.M.

21. I hereby certify that I attended the deceased from Dec 10 to May 25 1941
Dec 10 that I last saw him alive on _____ 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency
 Duration 6 mo.

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 92

PHYSICIAN
 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 A. A. Beach (M. D. or other) MD
 Address Elijah Date signed 5-31-41

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 741-1067

Date Filed JUL 11 1949

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, fact should be so stated above.