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7-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25421**

Registration District No. **464**

Primary Registration District No. **5627**

Registrar's No. **33**

1. PLACE OF DEATH:

(a) County **Lafayette**

(b) City or town **Rural Sni Bar**
(If outside city or town limits, write "RURAL" and name of township)

(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 **1** (Specify whether)
1 (Specify whether)

In this community **1** (Specify whether)
1 (Specify whether)
years, months or days

3. (a) PRINT FULL NAME **Lucy Jane Brown**

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex **female**

5. Color or race **white**

6. (a) Single, widowed, married, divorced **marrie**

6. (b) Name of husband or wife **R. Marion Brown**

6. (c) Age of husband or wife if alive **26** years **1863** (Year)

7. Birth date of deceased **Sept. 26 1863**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	9	20	hr. min.

9. Birthplace **Lexington MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business **G.S. Kesterson**

12. Name **G.S. Kesterson**

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

14. Maiden name **Marcis Easterly**

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

16. (a) Informant **R. Marion Brown**
Odessa MO.

(b) Address **July 18**

17. (a) **Rural** (b) Date thereof **July 18**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Concord Cemetery**

18. (a) Signature of funeral director **Pleasant Hill MO**

(b) Address **July 17 - 41**

19. (a) **July 17 - 41** (b) **Mrs E. M. Woodrum**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.**

(b) County **Lafayette**

(c) City or town **Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **16**
year **1941** hour **8.8** M minute **55** M.

21. I hereby certify that I attended the deceased from **July 5 - 1941**
to **7 - 16 - 41**

that I last saw her alive on **7 - 15 - 41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion** Duration
10 days

Due to **94%**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy **none**

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? (Specify type of place)

(a) Means of injury

23. Signature **W. M. ...** (M. D. or other)

Address **Odessa Mo** Date signed **7-17-41**

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-4-41

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.....

By Me July 16 1941

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Allen W. Brownfield*

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill MO.

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

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