

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED OCT 22 1941

Registration District No. 776

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5945

State File No. 32318

Registrar's No.

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Tavern (Rural)
(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 Life (Specify whether years, months or days) 1

8. (a) PRINT FULL NAME Annie Ledbetter Brown

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 John Brown 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased March 31, 1887
(Month) (Day) (Year)

8. AGE: Years 54 Months 5 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Swedeborg Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

MOTHER FATHER { 12. Name William B. Ledbetter
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Julia Roem
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Brown
(b) Address Crocker, Mo.

17. (a) Burial (b) Date thereof Sept. 11,
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flea Hollow

18. (a) Signature of funeral director J. L. Hoops & Sons
(b) Address Crocker, Mo.

19. (a) 10-5-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski
(c) City or town Crocker (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. Tavern Township
(If rural, give location)
(e) If foreign born, how long in U. S. A? 12 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 9-17
1941, to 9-16, 1941;
that I last saw her alive on 9-16, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Auricular fibrillation Duration _____

Due to myocardial decompensation

Due to _____

Other conditions Hypertension
(Include pregnancy within 6 months of death)

Major findings:
Of operations 93d
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? _____ (Specify type of place)
(e) Means of injury 93d

23. Signature R.O. DeWitt (M. D. or other)
Address Waynesville, Mo. Date signed 9-24-41

RECEIVED

Pulaski County Health Officer

File Number 1041-54

Date Filed 10/15/41

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Paul B. Hooper

Licensed Embalmer No. 3261

P. O. Address

Brookfield, 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.