

FILED DEC 6 1941

State File No. _____

Registration District No. 8

Primary Registration District No. 201

Registrar's No. 23

1. PLACE OF DEATH:
(a) County Benton
(b) City or town Cole Camp TURN
(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 _____ (Specify whether)
In this community 3 months
years, months or days

3. (a) PRINT FULLNAME Mrs Sarah Elizabeth Brown
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2

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

7. Birth date of deceased December 31st 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 15 If less than one day
hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name George E Little

13. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Martha Sharp

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

16. (a) Informant Sherman Brown

(b) Address Cole Camp Mo

17. (a) Burial (b) Date thereof NOV - 19 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Yeager Ferry

18. (a) Signature of funeral director E & Dickhoff

(b) Address Cole Camp Mo

19. (a) 11-16-41 (b) Sue Selover
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Benton 8
(c) City or town Lincoln Mo Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 15th
year 1941 hour 9 minute 50 P. A. M.

21. I hereby certify that I attended the deceased from 10-1- 1941, to 11-15- 1941.

that I last saw her alive on Oct 15 1941; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Carcinoma of Cecum

Due to _____

Due to _____

Other conditions Asphyx
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

?

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 _____

23. Signature J. H. Bennett (M. D. or other) M.D.

Address Cole Camp, Mo. Date signed 11-17-41

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

RECEIVED

District Health Officer No. 7,

District File Number 15-41-1962

Date Filed 12-3-41

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

E. L. Eickhoff

Licensed Embalmer No. 1730

P. O. Address Cole Camp N

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.