

DEC 23 1941

735

Primary Registration District No. 3034

State File No.

Registrar's No. 226

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

1. PLACE OF DEATH: Randolph
 (a) County Randolph
 (b) City or town Moberly ^{Mo}
 (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 none
 In this community 1 day
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED: ⁸⁸
 (a) State Mo (b) County Randolph
 (c) City or town Moberly ³
 (If outside city or town limits, write "RURAL")
 (d) Street No. Holman Road ⁰
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME EARNEST F. BROWN

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

4. Sex M 5. Color or race col 6. (a) Single, widowed, married, divorced ✓ 0

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

7. Birth date of deceased: (Month) 11 (Day) 7 (Year) 41

8. AGE:	Years	Months	Days	If less than one day
			<u>1</u>	<u>7</u> hr. <u>4</u> min.

9. Birthplace Moberly (City, town, or county) Mo (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Earnest Brown

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

14. Maiden name Fannie Mae Wiley

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

16. (a) Informant Earnest Brown

(b) Address Holman Road

17. (a) Burial (b) Date thereof Nov 10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director P. P. Carr

(b) Address 417 N. 5th St

19. (a) Nov 10-41 (b) Leah Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8 year 1941 hour 3 minute 50 P M.

21. I hereby certify that I attended the deceased from Nov 7, 41 to Nov 8, 41, 1941
that I last saw her alive on Nov 8, 41, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Premature Birth (5'2 months)

Due to _____

Due to ? 159

Other conditions Did not see until day of delivery
(Include pregnancy within 3 months of death)
mother had two other - yrs ago

Major findings: or premature birth

Of operations _____

Of autopsy _____

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 0

23. Signature P. P. Carr (M. D. or other)

Address Moberly, Mo Date signed _____

RECEIVED

District Health Officer No. 10

District File Number 12-41-2206

Date Filed DEC 18 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.....

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

working under my personal supervision.

Signed

Robert L. Carr

Licensed Embalmer No.

3190

P. O. Address

Moberly 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.