

No. 2
-11-10-39
5-17-39
-I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39299

State File No. _____

Registration District No. _____

Primary Registration District No. 465

Registrar's No. 1067

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Flat River, 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 _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Francois

(c) City or town Flat River, Mo.
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME MacLury Brown

8. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26
year 1941 hour 12 noon

21. I hereby certify that I attended the deceased from Nov 26,
1940 to Nov 26, 1941
that I last saw her alive on Oct 15, 1941
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White Cauc.

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

6. (b) Name of husband or wife Mr. James M. Brown

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

7. Birth date of deceased April 23 1872
(Month) (Day) (Year)

Immediate cause of death Synovial myocarditis
arteriosclerosis

Due to _____

Due to _____

Other conditions 99
(include pregnancy within 3 months of death)

8. AGE: Years 69 Months 7 Days 23
If less than one day hr. min.

9. Birthplace Randolph, California
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Mr. Armstrong M. C. Lee

13. Birthplace Washington Co. Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Hatcher - nee Lee

15. Birthplace Randolph Co. Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Miss James Lee Tucker (daughter)

(b) Address Flat River, Mo

17. (a) Buried (b) Date thereof Nov 28-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Iron Mountain, Mo

18. (a) Signature of funeral director Wm. W. H. H.

(b) Address 303 Crane St. Flat River, Mo

19. (a) 11/27/41 (b) B. Barrar
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: _____

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 1

23. Signature B. Barrar (M. D. or other) _____

Address Flat River Date signed 11/27/41

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

14
5
2

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 Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address 303 Crane St. - Flat River,

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.