

7. S. No. 2
DM-9-4-41
Rev. 5-17-39
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1855

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 1

Registration District No. 120118 Primary Registration District No. 5172

15-000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Camden County
(b) City or town Rural - Russell - twp.
(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 _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Camden Co.
(c) City or town Mark Creek, ms.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alice Bell Brown

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month 12 day 20
year 41 hour _____ minute _____ M.

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife H. S. Brown 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased 10 - 24 - 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12/11 1941 to 12/20 1941
that I last saw her alive on 12/19 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 1 Days 26 If less than one day _____ hr. _____ min.

Immediate cause of death Primum febr
Duration _____

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

Due to Inferior fracture of femur, bone in
Other conditions 186 a
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: Of operations _____
Of autopsy 18
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name J. Pierce
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name Marshall De Witt
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant H. S. Brown
(b) Address Mark Creek, ms.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Nov 20 - 1941
(c) Where did injury occur? at home
(City or town) (County) (State)
(d) Did injury occur on or about home, on farm, in industrial place, in public place?
bed and furniture
While at work _____ (Specify type of place) _____
(e) Means of injury falling

17. (a) Burial (b) Date thereof 12 - 21 - 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mark Creek Cemetery

18. (a) Signature of funeral director Vaughn - Bean
(b) Address Urbana

19. (a) Jan 8 - 1942 (b) Mrs. G. R. Janson
(Date received local registrar) (Registrar's signature)

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RECEIVED

District Health Officer No. 7,

District File Number 2-42-161

Date Filed 2-12-42

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.....

Allen W. Vaughan

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

working under my personal supervision.

Signed Allen W. Vaughan

Licensed Embalmer No. 4156

P. O. Address Urbana, MD

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.