DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3861

FILED JAN 31 1942

Registration District No. 8 Primary Registration District No. 10 097 Registrar's No.

1. PLACE OF DEATH:

(a) County: Stoddard

(b) City or town: Himmel Mo. 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 (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Stoddard 103

(c) City or town: Himmel Mo. (Rural) (If outside city or town limits, write "RURAL")

(d) Street No.: 1 Mile N.E. of HImmel (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Doris Brown

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased: 1 (Month) 5 (Day) 1937 (Year)

8. AGE: Years 4 Months 10 Days 13 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER 12. Name: Claude Brown

FATHER 13. Birthplace: Fairdealing Mo. (City, town, or country) (State or foreign country)

MOTHER 14. Maiden name: Agness Lingle

MOTHER 15. Birthplace: Cypress (City, town, or county) Ill. (State or foreign country)

16. (a) Informant: Claude Brown

(b) Address: Himmel Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/19/41 (Month) (Day) (Year)

(c) Place: burial or cremation: McMullin Mo.

18. (a) Signature of funeral director: Hunter Allnitton

(b) Address: Sikeston Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 18 year 1941 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 17, 1941, to Nov 18, 1941, that I last saw her alive on Nov 17, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Septicemia	1 wk
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

10

Major findings:
Of operations
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: J. U. Clem M.D. (M. D. or Coroner)

Address: Crum Mo Date signed 11/19/41

1131

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2,
District File Number 142-110
Date Filed 1-23-42

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 Not Embalmed, Registered Apprentice No. ..... working under my personal supervision.

Signed Hunter Albritton

Licensed Embalmer No. 4210

P. O. Address Sikeston

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
-8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3861

Registration District No. 834 Primary Registration District No. 6097 Registrar's No.

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

1. PLACE OF DEATH:
(a) County: Stoddard
(b) City or town: 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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (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: Doris Brown
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Jan (Month) 5 (Day) 1933 (Year)

8. AGE: Years 4 Months 10 Days 5 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 3-17-41 (Date received local registrar) (b) MR Thrower (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov Day 18 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY