

Registration District No. **228**

Primary Registration District No. **2617**

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Grundy

(b) City or town Trenton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Wright Memorial Hospital  
(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 Grundy

(c) City or town TRENTON  
(If outside city or town limits, write "RURAL")

(d) Street No. 900 East 8th  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Nancy Lou Brown

3. (b) If veteran, name war. ES 3. (c) Social Security No. \_\_\_\_\_

4. Sex female MALE 5. Color or race W

6. (a) Single, widowed, married, divorced 1

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

7. Birth date of deceased February 11, 1942  
(Month) (Day) (Year)

20. DATE OF DEATH: Month February day 12th  
year 1942 hour 6:05 minute 11 M.

21. I hereby certify that I attended the deceased from Feb 11th  
1942 to Feb 12th 1942  
that I last saw her alive on Feb 12th 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 1  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Prematurity

Due to Mother had previous vomiting of pregnancy

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 159

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

10. Usual occupation INFANT

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Harold Brown

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

{ 14. Maiden name Bertha Turner

{ 15. Birthplace Sturgeon Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Harold Brown

(b) Address Trenton, Mo.

17. (a) BURIAL (b) Date thereof July 12, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Foot Cemetery, Gladys, Mo.

18. (a) Signature of funeral director John J. ...

(b) Address Trenton, Mo.

19. (a) 2/12/42 (b) Nancy W. ...  
(Date received local registrar) (Registrar's signature)

Major findings: 159

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Signature Oliver F. Duffy (M. Registrar)  
Address Trenton, Mo. Date Feb 11th 1942

Duration 7 months

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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.....

*myself*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Robert B. Davis*.....

Licensed Embalmer No. *4219*.....

P. O. Address *Trenton, Mo*.....

**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.**