

FILED MAY 14 1942

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

14589

State File No. _____

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 74

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Carthage City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
West Cedar St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community 70 Years
 years, months or days

3. (a) PRINT FULL NAME Jennie Brown
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife John
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec. 25 1862
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 3 9 _____ hr. _____ min.

9. Birthplace Unknown Tennessee
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business None

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

16. (a) Informant Homer King

(b) Address Carthage Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6, 1942
 (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Mo.

19. (a) 4/6/42 (Date received local registrar) (b) Elizabeth Coplin (registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 4
 year 1942 hour 6:45 minute P. M.

21. I hereby certify that I attended the deceased from _____, 1942 to Apr. 6, 1942
 that I last saw h. ev alive on Apr 3, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Senile dementia

Due to arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1620

Major findings: 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 _____

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) (b) Means of injury _____

23. Signature: P. A. Hubster (M. D. or other) _____

Address Carthage Date signed Apr 7 1942

Duration 6 wks

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

49
1
3

42-4-374

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 *John D Batchelder*

Licensed Embalmer No. *4153*

P. O. Address *Canthage 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.