

Registration District No. 469

Primary Registration District No. 5633

Registrar's No. 22

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

1. PLACE OF DEATH:

(a) County Laurie

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

(c) Name of hospital or institution: Missouri State Jan 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 32 days
(Specify whether years, months or days)

In this community 32 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carter

(c) City or town Fremont
(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 Edna Elvora Brown

3. (b) If veteran, name war no

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 _____

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

7. Birth date of deceased May 21 1893
(Month) (Day) (Year)

8. AGE: Years 48 Months 11 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Willow Springs Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry Davis

13. Birthplace Mtn Stone Mo
(City, town, or county) (State or foreign country)

14. Maiden name Victoria McLoughlin

15. Birthplace Henry Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Michael Record Clerk

(b) Address Mo State Jan 3 at Vernon Mo

17. (a) Date of death April 29 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Phl A. P. P. P.

(b) Address Nan Buren Mo

19. (a) May 21 1942 (b) C. A. Johnson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1942 hour 2:10 minute _____ P. M.

21. I hereby certify that I attended the deceased from March 28 to Apr 29 1942
that I last saw her alive on Apr 29 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pul. toe over 1 1/2 yrs

Due to _____

Due to _____

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

Major findings: Secrets

Of operations _____

Of autopsy see above

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 _____

23. Signature Attache (M. D. or other) D

Address W. Vernon Mo Date signed 4-29-42

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

Signed:.....

W. J. ...
..... Licensed Embalmer No. *...*

P. O. Address.....

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.