

FILED AUG 10 1942

Registration District No. 751

Primary Registration District No. 5995

1. PLACE OF DEATH

(a) County Ripley - Washington  
(b) City or town Paradise  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4 miles N. of Naylor  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community 10 yrs. 1  
years, months or days (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4 miles N. Naylor  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12  
year 1942 hour 8:55 minute 10 P.M.  
21. I hereby certify that I attended the deceased from  
June 26 1942 to July 2 1942  
that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Streptococcus sore throat  
with toxic shock

Duration

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

Due to 24a

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy none

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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature H. White (M. D. or other) \_\_\_\_\_

Address Naylor Mo Date signed 7/12/42

3. (a) PRINT FULL NAME SARAH MARGARET BROWN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex female 5. Color or race W. 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife James A. Brown 6. (c) Age of husband or wife if

7. Birth date of deceased Jan 13 1864  
(Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 29  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Jackson Co. Tenn.  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

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

12. Name James Brown

13. Birthplace Clay Co. Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann

15. Birthplace Windsor Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lela Marsh

(b) Address Naylor Mo.

17. (a) Survival (b) Date thereof July 13, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Shade Cem.

18. (a) Signature of funeral director Minnie Gish

(b) Address Naylor Mo

19. (a) Aug 1 42 (b) Bertha White  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

SEP 3 1942

RECEIVED

District Health Officer No 5,

District File Number

742481-

Date Filed

8-6-42

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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

*S. C. McCord*

Licensed Embalmer No.

7079

P. O. Address

*Taylor 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.