. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

29812

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 861

11
1
7

1. PLACE OF DEATH:

(a) County BUCHANAN

(b) City or town ST-JOSEPH. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1107 RIDENBAUGH-ST. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 YRS. 1 MO. (Specify whether

In this community abt 21 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan 11

(c) City or town St Joseph (If outside city or town limits, write "RURAL") 7

(d) Street No. 1107 Ridenbaugh (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ELIZABETH-ANN BROWN

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Fem

5. Color or race Wht

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Joseph.

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

7. Birth date of deceased Sept (Month) 29 (Day) 1849 (Year)

8. AGE: Years 92 Months 11 Days 3 If less than one day hr. min.

9. Birthplace Titchard (City, town, or county) England 4 (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Charles appleby.
13. Birthplace (City, town, or county) England 4 (State or foreign country)

MOTHER
14. Maiden name Ann Boyce
15. Birthplace Titchard (City, town, or county) England 4 (State or foreign country)

16. (a) Informant W. R. Brown

(b) Address St Joseph Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Sept. 3 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Clarence Mo.

18. (a) Signature of funeral director Roy Stamey

(b) Address St Joseph Mo

19. (a) 9-3-42 (Date received local registrar) (b) Rose Hegog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2 year 1942 hour 12:30 minute A: M.

21. I hereby certify that I attended the deceased from 8-29- 1942 to 9-1- 1942 that I last saw her alive on 8-31- 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary - Occlusion -

Due to Arteriosclerosis -

Due to Etiriliosis - Mass. in - Lower - abdomen -.

Other conditions No - Micro., Examination made - (Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

94a

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 B B Simmons - (M. D. ~~or other~~)

Address St Joseph Mo Date signed 9/2/42

1233

(Licensed Embalmer's Statement on Reverse Side)

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 Roy Slaney

Licensed Embalmer No. 2435

P.O. Address St Joseph 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.