

FILED NOV 11 1942

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 303

16  
1  
4

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

1. PLACE OF DEATH:

(a) County. CAPE GIRARDEAU

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

(c) Name of hospital or institution: ST FRANCIS O  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community 2 DAYS

2. USUAL RESIDENCE OF DECEASED: 72

(a) State. MISSOURI (b) County. NEW MADRID

(c) City or town. PORTAGEVILLE - RURAL O  
(If outside city or town limits, write "RURAL")

(d) Street No. R#1 Box 56  
(If rural, give location)

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

If yes, name country. NONE

3. (a) PRINT FULL NAME. ADA MAY BROWN

MEDICAL CERTIFICATION

3. (b) If veteran, name war. NO

3. (c) Social Security No. NONE

20. DATE OF DEATH: Month OCTOBER day 26<sup>TH</sup>  
year 1942 hour 11 minute 30 A.M.

4. Sex. FEMALE / 5. Color or race. WHITE

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

6. (b) Name of husband or wife. LOUIS ALFRED BROWN

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

7. Birth date of deceased. MAY 14<sup>TH</sup> 1868  
(Month) (Day) (Year)

21. I hereby certify that I attended the decedent from 10/26 1942 to 10/26 1942  
that I last saw him alive on 10-26/26 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

74 5 12 hr. min.

Immediate cause of death. Diabetes

Due to. 61

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

9. Birthplace. SENATH MISSOURI  
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

10. Usual occupation. AT HOME

11. Industry or business. RETIRED

12. Name. WILLIAM DENNIS

13. Birthplace. MIDDLE TENNESSEE  
(City, town, or county) (State or foreign country)

14. Maiden name. (NK) PALMORE

15. Birthplace. (NK) So. CAROLINA  
(City, town, or county) (State or foreign country)

16. (a) Informant. MRS A.M. DOCKERY

(b) Address. PORTAGEVILLE Mo. R#1 Box 56

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof. 10-28-42  
(Month) (Day) (Year)

(c) Place: burial or cremation. PORTAGEVILLE Cem. PORTAGEVILLE

18. (a) Signature of funeral director. John P. Hummel

(b) Address. Charleston Mo

19. (a) 10-27-42 (Date received local registrar) (b) J. H. Phelps (Registrar's signature)

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 J. H. Phelps (M. D. or other) 72  
Address Portageville Mo Date signed 10/26/42

RECEIVED

District Health Officer No. 3  
District File Number 1142-137  
Date Filed 11-9-42

NOV 2 0 1942

NOV 24 1942

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.

*Not Embalmed*

Signed.....

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.

NOV 1 1 1942