

No. 2
-1-4-41
-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34128

State File No. _____

FILED NOV 6 1942

Registration District No. 172

Primary Registration District No. 3034

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Lafayette

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community since 1881 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette ⁵⁴

(c) City or town Higginsville Mo. ²
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Emma Lee Brown

(b) If veteran, name war _____ No

(c) Social Security No. ##

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Wm. B Brown-Deceased.

6. (c) Age of husband or wife if alive 1862 years

7. Birth date of deceased September 12-1881
(Month) (Day) (Year)

20. DATE OF DEATH: Month Oct day 3rd year 1942 hour 6- minute _____ A M.

21. I hereby certify that I attended the deceased from Oct 3-1942 to Oct 3, 191942

that I last saw her alive on Oct 3, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years 80 Months 0 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housekeeper

Duration Oct 3-42

Due to Chronic myocarditis

Due to Senility

Other conditions 93d
(Include pregnancy within 3 months of death)

MOTHER FATHER {

11. Industry or business _____

12. Name J. D. Mulkey

13. Birthplace Near Concordia. Mo. (City, town, or county) (State or foreign country)

14. Maiden name Nancy Miller (State or foreign country)

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

16. (a) Informant Mae Frayer

(b) Address Higginsville. Mo.

17. (a) Burial 6-1942 (b) Date thereof Oct. 8-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Higginsville Mo.

18. (a) Signature of funeral director Wm. H. Frayer

(b) Address Higginsville. Mo.

19. (a) Oct 8-1942 (b) Dr. W. H. Braeklein
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____

Major findings: Of operations _____

Of autopsy none

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 E. M. Moore (M. D. or other) 3rd

Address Higginsville Mo Date signed Oct 8-42

1189 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8

District File Number _____

Date Filed 11-5-43

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 336

James A. Haefen, Registered Apprentice No. 336
working under my personal supervision.

Signed Edward Haefen

Licensed Embalmer No. 539

P. O. Address Higginville, Va

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.