

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

34306

State File No. ....

FILED NOV 13 1942

Registration District No. ....

Primary Registration District No. 4322

Registrar's No. 70

1. PLACE OF DEATH:

(a) County Mercer  
(b) City or town Princeton  
(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 all his life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Ethel Brown

3. (b) If veteran,

name war. ✓

3. (c) Social Security

No. ✓

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Gless Brown 6. (c) Age of husband or wife if alive 50 years  
7. Birth date of deceased June 28 1889  
(Month) (Day) (Year)

8. AGE: Years 53 Months 3 Days 6 If less than one day  
.....hr. ....min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name George Teachman  
13. Birthplace Idaho  
(City, town, or county) (State or foreign country)  
14. Maiden name Fairley  
15. Birthplace Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Ona Griffin  
(b) Address Princeton Mo

17. (a) Burial (b) Date thereof Oct 1 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Princeton

18. (a) Signature of funeral director Noel Moss

(b) Address Princeton Mo

19. (a) 10-3-42 (b) Jessie Alley  
(Date received local registrar) (Registrar's signature)

1117 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer  
(c) City or town Princeton  
(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 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 30 day 29  
year 1942 hour 4 minute 0 M.

21. I hereby certify that I attended the deceased from Sept 29 1942 to Sept 30 1942  
that I last saw him alive on Sept 30 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death isofelus mellitus  
Due to .....

Due to 61  
Other conditions (Include pregnancy within 3 months of death) 61

Major findings: Of operations .....  
Of autopsy .....

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) (c) Means of injury ✓

23. Signature E. J. Lavo (M. D. or other) MD  
Address Princeton Mo Date signed 10-1-42

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

MAY 31 1945

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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 Mr  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed

Harold Moss

Licensed Embalmer No.

2634

P. O. Address

Pinneton 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.