

U.S. No. 2
M-9-4-41
Rev. 5-17-39
I. X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37174

State File No. _____

FILED DEC 17 1942

Registration District No. 157

Primary Registration District No. 5506

Registrar's No. 212

42
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton, R.R. 1st
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 years (Specify whether years, months or days)

In this community 4 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

(c) City or town Clinton, R.R.
(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 _____

3. (a) PRINT FULL NAME Kitty Garreil Brown

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 14
year 1942 hour 8 minute 0 P. M.

21. I hereby certify that I attended the deceased from 9-14 1942 to 11-14 1942
that I last saw h. R.R. alive on 11-14 1942
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife John W 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan 18 1883
(Month) (Day) (Year)

Immediate cause of death Advanced Pulmonary Tuberculosis 8 yrs.

Duration _____

8. AGE: Years 59 Months 9 Days 25 If less than one day hr. _____ min. _____

Due to _____

Due to _____

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

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

10. Usual occupation Home work

Major findings: Of operations _____

Of autopsy _____

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PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name John B Gorrell

13. Birthplace Todd Co Ky (City, town, or county) (State or foreign country)

14. Maiden name Mignon Gorrell

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

16. (a) Informant Mr John W Brown

(b) Address Clinton Mo, R.R.

17. (a) Burial (b) Date thereof 11/16/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hannay Cem

18. (a) Signature of funeral director Conrad & Pcl

(b) Address Clinton Mo

19. (a) Nov. 16 1942 (b) Georgia Kitcher
(Date received local registrar) (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 Eugene D. Neville (M. D. or other) MD

Address Clinton Mo Date signed 11-16-42

RECEIVED

District Health Officer No. 71

District File Number 12-42-1248

Date Filed 12-10-42

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.....

J. E. Conzalus

Licensed Embalmer No. 1891

P. O. Address Antony 720

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.