V. S. No.
DM—9-4-41
ev. 5-17-39
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106
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38325

FILED DEC 7 1942

Registration District No. 302

Primary Registration District No. 6193

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Taney

(b) City or town Point Lookout Mo
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution None (Specify whether
In this community Several years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 106

(a) State Mo (b) County Taney 0

(c) City or town Hollister Mo 0
(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 0

3. (a) PRINT FULL NAME LAURA PEARL BROWN

3. (b) If veteran, name war

3. (c) Social Security No. 6

4. Sex Female

5. Color or race no

6. (a) Single, widowed, married, divorced Don't know 9

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) (Day) 1860 (Year)

8. AGE: Years 82 | Months | Days | If less than one day hr. min.

9. Birthplace St Louis Co. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Teacher

11. Industry or business Home

FATHER
12. Name Dr. ✓
13. Birthplace ✓ (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name ✓
15. Birthplace ✓ (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mr. Good
(b) Address School of Ozarks Hollister

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 15 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Standard Mo

18. (a) Signature of funeral director R. O. Whelchel
(b) Address Branson Mo

19. (a) Nov. 14 42 (Date received local registrar) Mary Muller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10th
year 1942 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from Aug 1st, 1942, to Nov 10, 1942
that I last saw her alive on Nov 8th, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Interstitial Nephritis	1 yr.
Due to Don't Know	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

1310

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 Harry T. Evans (M. D. or other) MD

Address Branson, Mo Date signed 11/14/42

1106 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1242-1669
Date Filed DEC 4 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.

Signed Minnie L. W. Kelchel

Licensed Embalmer No. 2277

P. O. Address Branson 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.