

FILED JAN - 6 1943
Registration District No. _____

Primary Registration District No. 5124

Registrar's No. _____

1. PLACE OF DEATH: Buchanan
(a) County Buchanan
(b) City or town Route # 1, DeKalb
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Route # 1, DeKalb *above*
(If not in hospital or institution, write street number or location) Lifetime
(d) Length of stay: In hospital or institution Lifetime (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
Missouri Buchanan //
(a) State Missouri (b) County Buchanan //
(c) City or town Route # 1, DeKalb
(If outside city or town limits, write "RURAL") Above
(d) Street No. Above (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. _____

3. (a) PRINT FULL NAME Louisa W. Brown
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frank
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased March 21, 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	8	22	_____ hr. _____ min.

9. Birthplace Buchanan County, Missouri
(City, town, or county) (State or foreign country)
Housewife

10. Usual occupation Home

11. Industry or business Home

12. Name Ezeek Whittington

13. Birthplace Buchanan County, Missouri
(City, town, or county) (State or foreign country)
Unknown

14. Maiden name Unknown
Unknown

15. Birthplace C.L. Brown (Son)
(City, town, or county) (State or foreign country)
9

16. (a) Informant C.L. Brown (Son)
(b) Address Route # 1, DeKalb, Missouri

17. (a) Burial (b) Date thereof 11/26/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director John E. _____
(b) Address 6034 Pryor Ave. City

19. (a) 12/4/42 (b) _____
(Date reported local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 23
year 1942 hour 11 A.M. minute _____ M.
21. I hereby certify that I attended the deceased from Nov. 19, 1942 to Nov. 23, 1942
that I last saw her alive on Nov. 23, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis
Duration _____

Due to _____
Due to _____

Other conditions: senility
(Include pregnancy within 3 months of death)
Chronic bronchitis

Major findings: Of operations: _____
Of autopsy: 938
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) (e) Means of injury _____

23. Signature E. L. Plath, M.D. (M.D. or other)
Address De Kalb, Mo. Date signed 12/26/42

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

1100

1229

240
490

710

cert. of - [unclear]

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.....

Myself, Registered Apprentice No.....

working under my personal supervision.

Signed *John E. Rupp*
Licensed Embalmer No. 3986

6054 Pryor Ave.,
P. O. Address St. Joseph, Missouri

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.