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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 4 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24 6572

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 64

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Webb City (If outside city or town limits, write "RURAL")
(d) Street No. 1213 Mineral (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country /

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3. (a) PRINT FULL NAME Lillian Annabelle Brown
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Carl Brown
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased July (Month) 1st (Day) 1902 (Year)

8. AGE: Years 40 Months 7 Days 0 If less than one day ..... hr. ..... min.

9. Birthplace Scotland (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation H. W.
11. Industry or business .....

FATHER
12. Name Belle Headdon
13. Birthplace Lamar (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Ora Huddleston
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Husband. O. Brown
(b) Address 1213 Mineral Webb City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 4 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Centerville Cem
18. (a) Signature of funeral director Webb City Mtd. Co.
(b) Address Webb City Mo
19. (a) 2-5-43 (Date received local registrar) (b) Gertrude Sudhoeter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1st year 1943 Hour 8 minute 40 AM.
21. I hereby certify that I attended the deceased from January 24, 1943 to Feb 1, 1943 that I last saw her alive on Jan 31, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Vector collapse
Due to Sub-Acute endocarditis Fatal
Due to Rheumatic Fever
Other conditions (Include pregnancy within 3 months of death) 1220
Major findings: Of operations Abdominal hernia, varicose veins, multiple adhesions
Of autopsy .....

Duration

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 C. Mitchell Gregg (M. D. or other) M.D.
Address Finnes Bldg. Date signed 2/1/43
(by C. Upchurch)

1204 (Licensed Embalmer's Statement on Reverse Side)

43-2-140

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 Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Weff City 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.