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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

6712

State File No. ~

FILED MAR 12 1943

Registration District No. 169

Primary Registration District No. 4261

Registrar's No. 85

1. PLACE OF DEATH:
(a) County KNOX
(b) City or town HURDLAND
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NONE 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 61 YRS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County KNOX 52 0
(c) City or town HURDLAND 0
(If outside city or town limits, write "RURAL")
(d) Street No. NONE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME HULDA L. BROWN
3. (b) If veteran, name war ~
3. (c) Social Security No. ~

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

6. (b) Name of husband ~~or wife~~ BERT D. BROWN
6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased JANUARY (Month) 17 (Day) 1875 (Year)

8. AGE: Years 68 | Months 1 | Days 7 | If less than one day ... hr. ... min.

9. Birthplace WASHINGTON (City, town, or county) ILL 1 (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name EPHRIAM PARSONS
13. Birthplace ILL. 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARY SHUMAKER
15. Birthplace VA. 1 (City, town or county) (State or foreign country)

16. (a) Informant Bert D. Brown
(b) Address Hurdland Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof March 7 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Bagshaw cemetery

18. (a) Signature of funeral director Geo B Cooley Jr
(b) Address Hurdland Mo.

19. (a) Mar 5-'43 (Date received local registrar) (b) Nelle Northcutt (Registrar's signature)

114

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24
year 1943 hour 11:00 minute 20 A.M.

21. I hereby certify that I attended the deceased from Feb. 24, 19 43 to ..., 19...;
that I last saw her alive on Feb. 24, 1943, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Failure	
Due to Senility	
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.

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

Signature Wm. W. Hibler (M.D. or other) M.D.
Address Hurdland, Mo. Date signed 2/25/43

(Licensed Embalmer's Statement on Reverse Side)

MAR 1 1 1943

RECEIVED
District Health Officer No. 10
District File Number 3-43-514
MAR 11 1943
Date Filed

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 Geo B Easley Jr

Licensed Embalmer No. 3456

P. O. Address Portland Me

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.