V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6982

FILED FEB 27 1943

Registration District No. 2049 Primary Registration District No. 3043 Registrar's No. 21

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Ralls 87
(c) City or town Perry Mo.
(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

3. (a) PRINT FULL NAME Antha B. Brown
3. (b) If veteran, name war
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 John E Brown
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased July (Month) 16 (Day) 1877 (Year)

8. AGE: Years 65 Months 5 Days 27 If less than one day hr. min.

9. Birthplace Monroe Co, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife.
11. Industry or business Home
FATHER
12. Name John W. Vandeventer
13. Birthplace Monroe Co Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Buchanan
15. Birthplace Monroe Co, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant John E Brown.
(b) Address Perry Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-15-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Cemetery
18. (a) Signature of funeral director Clyde E. Wiley
(b) Address Perry Mo.
19. (a) 1/21/43 (Date received local registrar) (b) R W Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13th year 1943 hour 9:30 minute P. M.
21. I hereby certify that I attended the deceased from 1-10-43, 19..., to 1-13, 1943, that I last saw her alive on 1-13-43, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 3 da
Due to arteriosclerosis
Due to
Other conditions 94a
(Include pregnancy within 3 months of death)
Major findings:
Of operations no
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? (Specify type of place)
While at work (e) Means of injury
23. Signature J Hardesty (M.D. or other)
Address Hannibal Mo Date signed 1-14-43

1146 (Licensed Embalmer's Statement on Reverse Side)

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 Clyde L. Wilkey

Licensed Embalmer No. 3820

P. O. Address Penn, 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.