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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7208

State File No.

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 64

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: 316 E Morgan
(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 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 316 E. Morgan
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

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3. (a) PRINT FULL NAME Perlina Brown
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex F
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 10 (Month) 26 (Day) 1871 (Year)
8. AGE: Years 71 Months 4 Days 14 If less than one day hr. min.
9. Birthplace Saline Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Domestic
11. Industry or business
FATHER 12. Name Chas. Green
13. Birthplace Va. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Carolina Collins
15. Birthplace Ky. (City, town, or county) (State or foreign country)
16. (a) Informant Harrison Brown
(b) Address 316 E Morgan
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-43 (Month) (Day) (Year)
(c) Place: burial or cremation Sedalia
18. (a) Signature of funeral director L. Pryce Alexander
(b) Address 400 W. Cooper
19. (a) 2-26-43 (Date received local registrar) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24 year 1943 hour Five minute 55 A.M.
21. I hereby certify that I attended the deceased from 2-21- 1943 to Feb 24 1943 that I last saw her alive on Feb 24 1943 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Parenchymatous Nephritis
Due to
Arteriosclerosis
Due to
Myocarditis
Other conditions (Include pregnancy within 3 months of death) Uremia (uremic poisoning)
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? —
While at work? — (Specify type of place) (e) Means of injury
23. Signature A. R. Maddox (M. D. or other) M.D.
Address 1162 W. Main Date signed 2-25-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number .....

Date Filed 3-4-43

APR 1 1943

MAR 17 1943

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 J. Pryce Alexander

Licensed Embalmer No. 4245

P. O. Address Sedalia

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.