

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. **10098**

Registration District No. **1948**

Primary Registration District No. **5380**

Registrar's No. **97**

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

3. (a) PRINT FULL NAME **Mary C. BROWN**
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex **FEMIE**
5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **unmarried**
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years (Month) (Day) (Year)
7. Birth date of deceased **Feb 7 1859**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 0 19 hr. min.

9. Birthplace **1 Virginia**
(City, town, or county) (State or foreign country)

10. Usual occupation **House keeping**

11. Industry or business

12. Name **David Shewey**

13. Birthplace **1 Virginia**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Conner**

15. Birthplace **1 Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. G. D. Shewey**

(b) Address **Stewartville, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Feb 25 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Stony Point Church**

18. (a) Signature of funeral director **G. G. Lyon**

(b) Address **Stewartville, Mo.**

19. (a) **Feb 27 - 1943** (b) **M. D. Quigley**
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb** day **26**
year **1943** hour **1** minute **30 P. M.**
21. I hereby certify that I attended the deceased from **November 1938** to **Feb 26 1943**
that I last saw her alive on **Feb 26 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**
Duration **4 years**

Due to **Arteriosclerosis**
Duration **10 years**

Other conditions **Chronic Nephritis**
(Include pregnancy within 3 months of death) **6 mos.**

Major findings: Of operations **131 P**
Of autopsy

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? (c) Means of injury

23. Signature **M. D. Quigley** (M. D. Quigley)
Address **Stewartville, Mo.** Date signed **2-27-43**

(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.....

Licensed Embalmer No. *952*

P. O. Address. *Stewartville 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.