

Registration District No. 210

Primary Registration District No. 4322

Registrar's No. 112

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town Princeton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 77 Years (Specify whether)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer
(c) City or town Princeton, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 30
year 1943 hour 3:40 minute _____ M.
_____ Mar.

21. I hereby certify that I attended the deceased from
Mar. 1st. 1943 to Mar. 29 1943 ;
that I last saw her alive on Mar. 29 1943 ;
and that death occurred on the date and hour stated above.
Immediate cause of death Cirrhosis of liver Duration _____

Due to _____
Due to _____
1248

Other conditions Cardio-Vascular Renal
(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?

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature A. S. Bristow (M. D. or other)
Address Princeton, Mo. M.D. Date signed 4/1/43

3. (a) PRINT FULL NAME Rosey E. Brown

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Henry Brown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 5 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 10 25 hr. _____ min.

9. Birthplace Mercer Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Blind

11. Industry or business _____

12. Name Jessie Dykes

13. Birthplace Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Bessie Foster

15. Birthplace Mercer Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bertha Dykes

(b) Address Princeton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-43
(Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge

18. (a) Signature of funeral director Walter Samuel Moore

(b) Address Princeton, Mo.

19. (a) 4-2-43 (Date received local registrar) (b) Jessie Alvey (Registrar's signature)

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

MOTHER FATHER

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.....

H. Juan Martin

Licensed Embalmer No. *3760*

P. O. Address *Cincinnati, 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.