

S. No. 2  
OM-542  
5-17-36  
I X32573

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10878  
Registrar's No. 10878

Registration District No. 213

Primary Registration District No. 5781

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

1. PLACE OF DEATH:  
(a) County Miller  
(b) City or town Rural - Graze  
(c) Name of hospital or institution: 1  
(d) Length of stay: In hospital or institution: \_\_\_\_\_  
In this community life (Specify whether years, months or days)

3. (a) PRINT FULL NAME ESTHER BERTHA 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 Married  
6. (b) Name of husband or wife William H. Brown  
6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased Oct. 18 - 1883

8. AGE: Years 59 Months 4 Days 1  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: ulman MO

10. Usual occupation: Housekeeper

11. Industry or business: Farm

12. Name: Peter B. Rupardus

13. Birthplace: Ohio

14. Maiden name: Joan Cain

15. Birthplace: Ohio

16. (a) Informant: Earl Brown

(b) Address: Iberia MO

17. (a) Burial (b) Date thereof: 2-21-43

(c) Place: burial or cremation: ulman, MO

18. (a) Signature of funeral director: Ch. Casey

(b) Address: Iberia MO

19. (a) Feb 24 1943 (Date received local registrar)  
C. P. Rawkins (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Miller  
(c) City or town Rural  
(d) Street No. Kaiser, Mo  
(e) Citizen of foreign country? no

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb day 19  
year 1943 hour 9 minute P. M.  
21. I hereby certify that I attended the deceased from June 1942  
to Feb 19 1943  
that I last saw her alive on Jan 20 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of stomach  
Duration 1 yr.  
Due to: 46 g  
Due to: \_\_\_\_\_  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of small intestine of stomach  
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? \_\_\_\_\_  
(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: M. E. Humphrey (M. D. or other) D.O.  
Address: Luscumbia, Mo. Date signed: 2-23-43

MAY 5 1943

RECEIVED  
Miller County Health Dep't.  
County File Number 43-32  
Date Filed 4-5-43

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 Ch. Casey  
Licensed Embalmer No. 2694  
P. O. Address Idalia Md

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.