. S. No. 2
0M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25458

Registration District No. 198 Primary Registration District No. 5720 Registrar's No. 32

1. PLACE OF DEATH:
(a) County Macon Liberty Twp.
(b) City or town Bevier Rural
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Macon 61
(c) City or town Bevier Rural 0
(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 0

3. (a) PRINT FULL NAME ADRA BROWN
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex Female
5. Color or race 1 white
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband ~~or wife~~ John W. Brown
6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased 5 (Month) - 26 (Day) - 1866 (Year)

8. AGE: Years 77 Months 2 Days 4 If less than one day hr. min.

9. Birthplace Liberty Twp. (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Farming
FATHER
12. Name Thomas Payton
13. Birthplace (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Mary Ellen Parr
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant John W. Brown
(b) Address Bevier Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-1-43 (Month) (Day) (Year)
(c) Place: burial or cremation Lyon Cemetery
18. (a) Signature of funeral director W. G. Edwards
(b) Address Bevier Mo
19. (a) 8-5-43 (Date received local registrar) (b) Winnie J. Rowland (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 30 year 1943 hour 1 minute 30 A M.

21. I hereby certify that I attended the deceased from June 7, 1943 to July 29, 1943 that I last saw her alive on July 29, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy — Duration 8 wks
Due to Hypertensive Heart Disease
Due to
Other conditions (Include pregnancy within 3 months of death) 93d
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Aubrey Dunham D.O. (M.D. or other)
Address Callao, Mo Date signed 7/30/43

1237 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-431363
Date Filed AUG 11 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 H. G. Edwards

Licensed Embalmer No. 1961

P. O. Address Bevier 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.