

Registration District No. **200**

Primary Registration District No. **5725**

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

1. PLACE OF DEATH:

(a) County **Macon**

(b) City or town **rural Hudson**
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Macon**

(c) City or town **rural**
(If outside city or town limits, write "RURAL")

(d) Street No.....
(If rural, give location)

(e) Citizen of foreign country?.....
If yes, name country.....

In this community.....

3. (a) PRINT FULL NAME **Rhoda E. Brown**

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **4**
year **1943** hour **2** minute **15** A.M.

4. Sex **Female** 5. Color or race **w**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Joe Brown**

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **Feb. 18 - 1869**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **June 15**, 19**42** to **Aug 4**, 19**43**
that I last saw her alive on **August 3**, 19**43**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

74 **5** **16** hr. **✓** min.

Immediate cause of death **Cerebral thrombosis**
chronic myocarditis & arteriosclerosis

Due to.....

Other conditions (Include pregnancy within 3 months of death) **93d**

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

10. Usual occupation **House wife**

MOTHER FATHER

12. Name **Wm A. Adams**

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

14. Maiden name **Mary Sears**

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

Physician

Major findings: Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs James Sawyer**

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

17. (a) **Burial** (b) Date thereof **8-6-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethlehem Cem.**

18. (a) Signature of funeral director **Stephens & Gooding**

(b) Address **911/43 Macon, Mo.**

19. (a) **9/1/43** (b) **Yvora B. Kunkler**
(Date received local registrar) (Registrar's signature)

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?.....

23. Signature **Paul H. Casper, D.O.**
Macon, Mo.
(M.D. or other)

Address..... Date signed **8/7/43**

RECEIVED

District Health Officer No. 10

District File Number 9-43-1566

Date Filed SEP 14 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 C. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, 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.