

Registration District No. 300

Primary Registration District No. 6030

Registrar's No.

1. PLACE OF DEATH:

(a) County Reynolds Co.
(b) City or town Rural (Webb Farms)
(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.
In this community years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Reynolds Co.
(c) City or town Rural
(d) Street No.
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DOROTHY MAY BROWN

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, married

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

7. Birth date of deceased Mar 4, 1883 (Month) (Day) (Year)

8. AGE: Years 60 Months 2 Days 9 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Jesse W Wallace

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

14. Maiden name Abigail Jewett

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

16. (a) Informant Husband

(b) Address Sawood, Mo.

17. (a) Burial, cremation, or removal Burial (b) Date thereof May 15, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Valley C.

18. (a) Signature of funeral director

(b) Address

19. (a) Aug 27 1943 (b) Essie Evans (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1943 hour 9 minute 9 M.

21. I hereby certify that I attended the deceased from May 12 1943 to May 13 1943 that I last saw her alive on May 12 1943 and that death occurred on the date and hour stated above.

Immediate cause of death myocardial degeneration Duration 3 mo.

Due to arterial hypertension 2 1/2 yrs.

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

Major findings: Of operations

Of autopsy

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) (e) Means of injury

23. Signature Frank J. Rucinski (M. D. or other) D.O. Address Van Buren, Mo. Date signed 5-15-43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No 5,

District File Number 943539

Date Filed 9-11-43

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 J-13-4

....., Registered Apprentice No.....
working under my personal supervision.

Signed Philip A. Leuchel
Licensed Embalmer No. 2936
P. O. Address Van Buren 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 310

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Reynolds
(b) City or town Reynolds
(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 _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Dorothy May Brown

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased Mar 4 1885
(Month) (Day) (Year)

8. AGE: Years 60 Months 0 Days 0 (Unless than one day) min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Leuchel Funeral Service

(b) Address Ellington, Mo

19. (a) Sept 10 1943 (b) Essie Evans (Date received local funeral) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 July day 14 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions (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) (e) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTARY

29159