

S. No. 2
M. 5-42
v. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

ED AUG 17 1943

Registration District No. 324

Primary Registration District No. 372

Registrar's No.

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

1. PLACE OF DEATH:
 (a) County Saline
 (b) City or town Marshall
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Pulman Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 14 da (Specify whether
 In this community 30 da years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Saline
 (c) City or town Marshall Mo
 (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 Mary Ann Brown
 (b) If veteran, name war (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 10
 year 1943 hour 8 minute P. M.

4. Sex F 5. Color or race white
 6. (a) Single, widowed, married, divorced X
 6. (b) Name of husband or wife K 6. (c) Age of husband or wife if alive 43 years
 7. Birth date of deceased July (Month) 14 (Day) 43 (Year)

21. I hereby certify that I attended the deceased from July 27, 1943, to Aug 10, 1943;
 that I last saw h. Ev alive on Aug 10, 1943;
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
30 X hr. K min.
 9. Birthplace Marshall Mo (City, town, or county) (State or foreign country)

Immediate cause of death Premature (7 mo)
 Due to
 Due to 159
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations X
 Of autopsy X
 Duration 159

10. Usual occupation
 11. Industry or business
 MOTHER FATHER { 12. Name
 13. Birthplace (City, town, or county) (State or foreign country)
 14. Maiden name Eunice Marie Brown
 15. Birthplace Nelson, Mo (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant
 (b) Address
 17. (a) Burial (b) Date thereof Aug 11, 1943 (Month) (Day) (Year)
 (c) Place: burial or cremation Co. Home
 18. (a) Signature of funeral director J. Lee Sweeney
 (b) Address 44 Ideal Hill, Mo
 19. (a) (Date received local registrar) 8-15 (b) (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?
 (Specify type of place) (e) Means of injury
 Signature A. C. Putnam (M. D. Mo)
 Address Marshall Mo Date signed 8-11-43

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.....

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

Signed..... *J Leslie Sweeney*

Licensed Embalmer No. *3235*

P. O. Address..... *Marshall, W. Va.*

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.

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 178

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Hutman Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 da
In this community 30 da.
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Mary A. Brown

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

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced 5

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased: July 14 (Month) (Day) (Year)

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

9. Birthplace: Marshall Mo (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace: Marshall Mo (City, town, or county) (State or foreign country)

14. Maiden name Marion M. Brown

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

16. (a) Informant Eugene Marie Brown
(b) Address Marshall Mo

17. (a) Burial (b) Date thereof Aug 11, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Co. Home

18. (a) Signature of funeral director: Joseph Sussner

(b) Address Marshall Mo

19. (a) Sept 6/43 (b) Mo T. O. Westcott
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline
(c) City or town Marshall
(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 Aug day 10 year 1943 hour 10 minute 2 M.

21. I hereby certify that I attended the deceased from Aug 9, 1943 to Aug 10, 1943

that I last saw him alive on Aug 9, 1943 and that death occurred on the date and hour stated above. Immediate cause of death: Premature (7 mo)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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? (Type of place) Means of injury

23. Signature A.C. Putnam (M. D. or other)

Address Marshall, Mo te sign

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

MOTHER FATHER

SUPPLEMENTAL

PHYSICIAN

Underline the cause to which death should be charged statistically.

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