S. No. 2
—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

F 32943

State File No.

FILED OCT 9 1943

Registration District No. 184

Primary Registration District No. 3038

Registrar's No. 228

58
1
2

1. PLACE OF DEATH:

(a) County LINN

(b) City or town BROOKFIELD
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: McLARNEY HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 1 DAY
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 58

(a) State MISSOURI (b) County LINN

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

(d) Street No. R 78
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ALICE EQUILLA KEHR

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 2 W

6. (b) Name of husband or wife LEVI WOOD KEHR 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Oct (Month) 19 (Day) 1871 (Year)

8. AGE: Years 71 | Months 10 | Days 22 | If less than one day ..... hr. ..... min.

9. Birthplace MILLER CO. (City, town, or county) MO. (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business .....

FATHER
12. Name AMOS J BROWN
13. Birthplace [redacted] (City, town, or county) TENN. (State or foreign country)

MOTHER
14. Maiden name MARGARET ELIZABETH VAUGHN
15. Birthplace Miller Co (City, town, or county) MO (State or foreign country)

16. (a) Informant JAMES W. KEHR
(b) Address MEADVILLE, MO

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 9-11-43 (Month) (Day) (Year)
(c) Place: burial or cremation ELDON, MO

18. (a) Signature of funeral director Rusk Funeral Home
(b) Address BROOKFIELD, MO.

19. (a) 9-11-43 (Date received local registrar) (b) W W Coman (Registrar's signature)

456

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 11
year 1943 hour 5 minute 38 A M.

21. I hereby certify that I attended the deceased from Sept 7, 1943, to Sept 11, 1943
that I last saw her alive on Sept 10, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute Myocarditis	1 day
Due to: Cholecystitis & fever	8 days
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93e

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 Dr H H Potter (M.D. or other) D.O.

Address Brookfield Mo Date signed 9-11-43

(Licensed Embalmer's Statement on Reverse Side)

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 Burright

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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.