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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 137846

FILED DEC 6 1943

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 63

1. PLACE OF DEATH:

(a) County: Barry

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

(c) Name of hospital or institution: 507 4th Street
(If not in hospital or institution, write street number or location)

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

In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Barry 5

(c) City or town: Monett 2
(If outside city or town limits, write "RURAL")

(d) Street No.: 507 4th Street 1
(If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: Amanda Irene Brown

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Female 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: C Gale Brown

6. (c) Age of husband or wife if alive: 47 years

7. Birth date of deceased: Dec. (Month) 26 (Day) 1900 (Year)

8. AGE: Years 42 Months 9 Days 6 If less than one day: hr. min.

9. Birthplace: Aurora (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

MOTHER FATHER

12. Name: Eli Denney

13. Birthplace: ? (City, town, or county) 0 Missouri (State or foreign country)

14. Maiden name: Ollie Browning

15. Birthplace: ? (City, town, or county) 0 Missouri (State or foreign country)

16. (a) Informant: C Gale Brown

(b) Address: Monett Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/4/43 (Month) (Day) (Year)

(c) Place: burial or cremation: Aurora Mo.

18. (a) Signature of funeral director: J. F. King

(b) Address: Aurora Mo.

19. (a) Oct 4-43 (Date received local registrar) (b) Andna McLaughlin (Registrar's signature)

1320

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2 year 1943 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 3, 19 44, to Oct 2, 19 43 that I last saw her alive on Oct 2, 19 43 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hemorrhage of bowel	14 days
Due to Ulcerative Colitis	15 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death) Albuminuria	3 Months

Major findings:
Of operations:
Of autopsy: 12 00

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) Nature of injury:

23. Signature: Frank Kerr M.D. (M. D. or other)

Address: Monett Mo. Date signed 10/3/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1143-1267
Date Filed NOV 30 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 Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.