

No. 2  
-5-42  
-17-39  
X32873

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17381**

FILED JUN 13 1944  
Registration District No. **8**

Primary Registration District No. **3006**

Registrar's No. **129**

1. PLACE OF DEATH:

(a) County **Brown**  
(b) City or town **Columbia**  
(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 \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Brown**  
(c) City or town **Columbia**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **27 Pendleton**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

**Anna B. Brown**

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

4. Sex **F** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **1**  
6. (b) Name of husband **Morgan Brown** 6. (c) Age of husband **56** years (alive... 1944)  
7. Birth date of deceased **1888**  
(Month) (Day) (Year)

8. AGE: Years **62** Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation **Homemaker**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **Howard Turner**  
13. Birthplace **Do not know**  
(City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant **Morgan Brown**  
(b) Address **27 Pendleton St**

17. (a) **Centralia Mo** (b) Date thereof **5-21-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Centralia Mo**

18. (a) Signature of funeral director **A. L. Freeman**  
(b) Address **609 Park Ave Columbia Mo**

19. (a) **5-19-1944** (b) **Edna H. Barber**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **5** day **17** year **1944** hour **5** minute **30** M.

21. I hereby certify that I attended the deceased **from 5-15-44 to 5-15-44**  
that I last saw him **or** alive on **5-15-44** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **None known**

Due to **Possibly due to carcinoma of left**

Due to **eye** **stroke**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **None**  
Of operations: **None**  
Of autopsy: **None**  
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) **No**  
(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? \_\_\_\_\_ (Specify means of injury) \_\_\_\_\_

23. Signature **W. P. Bryant** (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed **5/18/44**

1250

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

RECEIVED

District Health Officer No. 9

District File Number .....

Date Filed 6-10-44

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

Signed A. B. Freeman .....

Licensed Embalmer No. 2837 .....

P. O. Address 608 Park Ave. Columbia .....

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.