

FILED JUN 12 1944

Registration District No. 101

Primary Registration District No. 5403

State File No. _____

Registrar's No. 54

1. PLACE OF DEATH:

(a) County DOUGLAS
(b) City or town RURAL CLINTON
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether)
In this community 40 YRS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DOUGLAS ³⁴
(c) City or town RURAL ⁰
(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 _____

3. (a) PRINT FULL NAME MATTIE PARTHENICA BROWN

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race W
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife GEORGE BROWN 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased OCT. 26 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 7 7 hr. _____ min.

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

10. Usual occupation HOUSE KEEPER

11. Industry or business _____

MOTHER FATHER { 12. Name J. W. DUNAWAY
13. Birthplace TENN
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant JAMES SMALLWOOD

(b) Address CARROLL MO. SOUTH STAR R.

17. (a) BURIAL (b) Date thereof 6-4-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. ARRAT

18. (a) Signature of funeral director Gayle V. Elliott

(b) Address CARROLL MO

19. (a) 6-1-1944 (b) Wm. J. R. Spurlock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 3
1944 year 6 hour 15 minute A.M.

21. I hereby certify that I attended the deceased from May 20, 1944, to June 3, 1944
that I last saw h. alive on June 1, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage ^{10 days}
Duration

Due to _____

Due to _____

Other conditions (Includes 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 In Edus (M. D. or other)

Address Carroll Mo Date signed June 1 1944

RECEIVED

District Health Officer No. 6,

District File Number 644-713

Date Filed JUN 9 1944

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.....

Frederick Elliott

Licensed Embalmer No. 2252

P. O. Address Cahoon MO

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

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