S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 20 1944

Registration District No. 277

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22078

Primary Registration District No. 43-29 5786 Registrar's No. 42

1. PLACE OF DEATH:

(a) County Mississippi

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

(c) Name of hospital or institution:
6 miles So. East Wyatt
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 50 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi 67

(c) City or town Wyatt, rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 6 miles So. East 0
(If rural, give location)

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

If yes, name country none 0

3. (a) PRINT FULL NAME Julia Catherine Brown

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex 1 Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife ~~XXXXXXXXXXXXXX~~ James Horace Brown

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

7. Birth date of deceased June 30, 1861 (Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days 17 If less than one day hr. min.

9. Birthplace Meade County, Ky 1
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business housewife

FATHER
12. Name Andrew Greenwell
13. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name N.K.
15. Birthplace N. K. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Henry J. Brown 1
(b) Address Wyatt, Mo

17. (a) Burial (b) Date thereof 5/18/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary-Charleston, Mo

18. (a) Signature of funeral director Lair-Nunnelee
(b) Address Charleston, Mo

19. (a) 6/1/44 (b) Mrs Lon Mo
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th
year 1944 hour 8 minute 45 a M.

21. I hereby certify that I attended the deceased from Feb 2, 1943 to May 17, 1944
that I last saw her alive on May 15, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia — Duration 3 wks

Due to Neurocirculatory failure-senility — 4 mo.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 T. P. Fentan 2 (M. D. or other) DO

Address Wyatt Mo Date signed 5-28-44

1257

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 644-840
Date Filed 6-14-44

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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed John F. Nunnelee Jr

Licensed Embalmer No. 3851

P. O. Address Charleston 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.