S. No. 2
M—8-43
. 5-17-39
I X37823

27
1
2

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1944

Registration District No. 84

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3017

State File No. 27572

Registrar's No. 95

1. PLACE OF DEATH:

(a) County COOPER

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

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

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

In this community 25 YEARS

2. USUAL RESIDENCE OF DECEASED: 27

(a) State MISSOURI (b) County COOPER

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

(d) Street No. WATER STREET
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MRS MINNIE BROWN

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife

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

7. Birth date of deceased MARCH (Month) 16 (Day) 1855 (Year)

8. AGE:

Years	Months	Days	If less than one day
89	4	15	hr. min.

9. Birthplace BRISTOL (City, town, or county) TENN? (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

MOTHER FATHER

12. Name ROBERT HARDIN

13. Birthplace (City, town, or county) TENN. (State or foreign country)

14. Maiden name UNKNOWN

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

16. (a) Informant PERRL WILSON

(b) Address BOONVILLE, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG. 3-1944 (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director STEGNER & KOENIG

(b) Address BOONVILLE, MO.

19. (a) Aug. 3-44 (Date received local registrar) (b) Dr. Chas. Swap (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 31st year 1944 hour 4:30 minute P.M.

21. I hereby certify that I attended the deceased from Never Saw alive, 19 ; that I last saw h. alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

94 a

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? (Specify type of place)

While at work? (e) Means of injury 3

23. Signature Tony R. Smith Coroner (M. D. or other)

Address 913-7th St Boonville Date signed July 31 1944

1088 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number .....
Date Filed 9-8-44

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.