

S. No. 2  
M-8-43  
5-17-39  
P-1 X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30815

State File No. ....

FILED OCT 13 1944

Registration District No. ....

Primary Registration District No. 5364

Registrar's No. 87

1. PLACE OF DEATH:

(a) County Daviess  
(b) City or town "Rural" Liberty Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Died in Ambulance enroute to Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 (Specify whether  
In this community --- years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess  
(c) City or town "Rural" Union Township  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country D

3. (a) PRINT FULL NAME Viola A. Brown

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

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Thomas Oliver Brown  
6. (c) Age of husband or wife if alive Dea'd years  
7. Birth date of deceased May 3 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 3 25 hr. min.

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

10. Usual occupation At home

11. Industry or business

MOTHER FATHER { 12. Name Richard P. Williams  
13. Birthplace New York New York  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah E. Burkhardt  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant John Williams  
(b) Address Gallatin, Mo.  
17. (a) Burial (b) Date thereof 9-6-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brown Semetary  
18. (a) Signature of funeral director Hope Funeral Home  
(b) Address Gallatin, Mo.  
19. (a) 9-8-1944 (b) [Signature]  
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4  
year 1944 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 10, 1944, to September 4, 1944;  
that I last saw her alive on September 3, 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma  
Primarily in uterus with  
metastasis to rectum and vagina

Due to 48 hr  
Due to

Other conditions (Include pregnancy within 3 months of death)  
April 11, 1944

Major findings: Carcinoma of uterus  
Of operations  
Of autopsy

Duration  
from  
history  
12 to 16  
months.

PHYSICIAN  
Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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 Fred K. Wilson (M. D. or other) M.D.  
Address Winston, Missouri Date signed 9-8-44

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

DEC 18 1946

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 L. O. Peterson  
Licensed Embalmer No. 3302  
P.O. Address Galveston 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.