S. No. 2
—8-43
5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1944

Registration District No. 33

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3010

State File No. 33882

Registrar's No. 338.

1. PLACE OF DEATH:

(a) County: Cape Girarddau
(b) City or town: Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Southeast Mo. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 days (Specify whether years, months or days)
In this community: 6 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: New Madrid
(c) City or town: Portageville
(If outside city or town limits, write "RURAL")
(d) Street No.: 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Barbara Brown

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: August (Month) 2nd (Day) 1944 (Year)

8. AGE: Years 0 | Months 2 | Days 11 | If less than one day: hr. min.

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

10. Usual occupation: Infant

11. Industry or business:

FATHER
12. Name: Clarence Brown
13. Birthplace: Advance (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Hazel Green
15. Birthplace: Advance (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Clarence Brown
(b) Address: Portageville, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-14-1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Portageville, Mo.

18. (a) Signature of funeral director: L. L. Haman
(b) Address: Cape Girardeau, Missouri.

19. (a) 10-18-44 (Date received local registrar) (b) G. H. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13th year 1944 hour 1 minute P.M.

21. I hereby certify that I attended the deceased from Oct 7 1944, 19..., to Oct 13, 1944, that I last saw alive on Oct 12, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Ileocolitis	2 wks
Due to	
Due to	
Other conditions (Include 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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: H. Cochran (M. D.)
Address: Cape Girardeau, Mo. Date signed: 10/17/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1144-454

Date Filed 11-7-44

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.