No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34703
State File No.

Registration District No. 210 Primary Registration District No. 5776 Registrar's No. 73

1. PLACE OF DEATH:
(a) County Mercer
(b) City or town Mill Grove, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: no (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether years, months or days) In this community forty Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mercer 65
(c) City or town Mill Grove, Mo. (If outside city or town limits, write "RURAL") no 0
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Mary K. Brittain
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if living years
7. Birth date of deceased Nov. 22, 1866 (Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 17 If less than one day hr. min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business

MOTHER FATHER
12. Name Vickrey
13. Birthplace Illinois (City, town, or county) Stone (State or foreign country)
14. Maiden name
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Eldon Brittain
(b) Address Mill Grove, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct. 9, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Hillcrest Rook
18. (a) Signature of funeral director
(b) Address
19. (a) 10-10-44 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8 year 1944 hour 7 PM minute M.
21. I hereby certify that I attended the deceased from May 1, 1944, to Oct 8, 1944, that I last saw her alive on Sept 2, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	since Sept 1
Due to anemia	1 yr.
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 S. L. McClanahan (M. D. or other) M.D.
Address Lowland, Mo. Date signed Oct 10, 1944

1367

(Licensed Embalmer's Statement on Reverse Side)

NOV 28 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~~ Eddie J. Stokes, Registered Apprentice No. ....., working under my personal supervision.

Signed E. J. Stokes

Licensed Embalmer No. 3607

P. O. Address Sainsville, 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.