

FILED FEB 16, 1945

Registration District No. 23

Primary Registration District No. 3048

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Madaway
(b) City or town Marionville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Alice Emaline Brown

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Joe Brown Husband 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 10 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>4</u>	<u>7</u>	_____ hr. _____ min.

9. Birthplace Near Berlin Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation Auto Repair

11. Industry or business _____

MOTHER FATHER

12. Name John Aysford

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

14. Maiden name Jane Unknown

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

16. (a) Informant E. H. Brown

(b) Address Marionville Mo

17. (a) Burial (b) Date thereof 1-20-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S.P.O.F. Graham Mo

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address Marionville Mo

19. (a) Jan 19 45 (b) Clay Barber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17th
year 1945 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from August 1944 to Jan 17 1945
that I last saw her alive on Jan 17 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocardial Failure
Duration 6 mo

Due to general arteriosclerosis (not known)

Due to _____
Other conditions (Include pregnancy within 3 months of death) W

Major findings: Of operations A Z P
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? _____
While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature J. A. Blaser (M. D. or other) _____
Address Marionville Mo Date signed 1/19/45

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

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..... *W. Dean Campbell*.....
Licensed Embalmer No..... *2620*.....
P. O. Address..... *Marquette*.....

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.