S. No. 2
M—2-43
5-17-39
F I X35697

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

2804

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 5 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2381

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 39

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Washington Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital # 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 mo 6 days (Specify whether years, months or days)
In this community 8 months 6 days

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

3. (a) PRINT FULL NAME AUGUSTA 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 Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 1 (Day) 1867 (Year)
8. AGE: Years 77 Months 5 Days 2 If less than one day hr. min.
9. Birthplace Whetmore (City, town, or county) Kansas (State or foreign country)
10. Usual occupation None
11. Industry or business
MOTHER FATHER
12. Name Wm. R Comfort
13. Birthplace Ill (City, town, or country) (State or foreign country)
14. Maiden name Augusta L. Cook
15. Birthplace Kan (City, town, or county) (State or foreign country)
16. (a) Informant Ruby H. Brown
(b) Address Bronaugh Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-45 (Month) (Day) (Year)
(c) Place: burial or cremation Sheldon Cemetery
18. (a) Signature of funeral director G. B. Berry and Sons
(b) Address Sheldon Mo
19. (a) 2-27-45 (Date received local registrar) (b) Hazel B. Beurck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 25 year 1945 hour 4 minute 15 P.M.
21. I hereby certify that I attended the deceased from 7-1 1944 to 2-25 1945 that I last saw her alive on 2/25 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Congestion Acute	1 Day
Due to 1091	
Due to	
Other conditions (Include pregnancy within 3 months of death) Huntington's Chorea deterioration	?

Major findings:
Of operations no
Of autopsy no

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 R. G. Hall M.D. (M. D. or other)
Address Nevada Mo Date signed 2/25/45

1351 (Licensed Embalmer's Statement on Reverse Side)

RE[illegible]
Di[illegible] No. 7
[illegible] 2-45-145
Date Filed 3-7-45

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 Carroll T. Berry

Licensed Embalmer No. 2385

P. O. Address Sheldon 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.