

FILED APR 3 1945
Registration District No. 26131

Primary Registration District No. 47964202

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Shundy
(b) City or town Spickard
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 60 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shundy
(c) City or town Spickard
(If outside city or town limits, write "RURAL") _____
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Ellen 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 Widowed
6. (b) Name of husband or wife William H. Brown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 3 1865
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 11 If less than one day, hr. _____ min. _____

9. Birthplace Boone Co. Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John L. Crose

13. Birthplace Boone Co. Ind.
(City, town, or county) (State or foreign country)

14. Maiden name Martha Lane

15. Birthplace Boone Co. Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Fernon Brown

(b) Address Spickard Mo.

17. (a) Burial (b) Date thereof Mar-16-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mary's Cem Spickard Mo.

18. (a) Signature of funeral director School Land Home

(b) Address Spickard Mo.

19. (a) Mar 20 (b) John H. Ruth
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 14
year 1945 hour 2 minute 50 P.M.

21. I hereby certify that I attended the deceased from Jan 1
_____, 1945, to March 13, 1945,
that I last saw him alive on March 13
and that death occurred on the date and hour stated above.
Immediate cause of death Abscess of

Duration
100a

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature E. W. Ewing (M. D. or other)

Address Spickard Mo. Date signed 3-14-45

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

MOTHER FATHER

1191

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 *Ross Wise*

Licensed Embalmer No. 3771

P. O. Address *Spickard 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.