V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

55
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13790

FILED MAY 7 1945

Registration District No. 3

Primary Registration District No. 5655

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt. Vernon Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 217 days (Specify whether
In this community 217 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Fair Grove
(If outside city or town limits, write "RURAL")

(d) Street No. Route 1
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Frankie Stella Brown

3. (b) If veteran, name war No

3. (c) Social Security No. None known

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Rudolph Brown

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased January (Month) 9th (Day) 1895 (Year)

8. AGE:

Years	Months	Days	If less than one day
50	3	11	hr. min.

9. Birthplace Webster County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Earnest Monroe Tracy
13. Birthplace Webster County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Effie May Hurd
15. Birthplace Greene County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State Ssn. Mt. Vernon, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/45 (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Bluff Cemetery

18. (a) Signature of funeral director [illegible]

(b) Address Springfield Mo

19. (a) 4-30 45 (Date received local registrar) (b) Andy Crawford (Registrar's signature)

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from Sept. 16, 1944, to April 20, 1945 that I last saw her alive on April 20, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis — Duration Abt 14 yrs

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 [illegible] (M. D. or other) M.D.

Address Mt. Vernon, Mo Date signed 4-20-45

1338

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 545529
Date Filed MAY 4 1945

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 J B Klingner

Licensed Embalmer No. 3358

P. O. Address Springfield 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.