

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 5 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13830**
Registrar's No. _____

Registration District No. **179** Primary Registration District No. **4287**

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

1. PLACE OF DEATH:
(a) County Lincoln
(b) City or town Troy
(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 In This Community (Specify whether)
years, months or days 2 1/2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lincoln
(c) City or town Troy Mo 57
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SARAH ELIZABETH BROWN
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 25
year 1945 hour 1 minute 50 A.M.
21. I hereby certify that I attended the deceased from Jan. 1945 to Jan. 25, 1945
that I last saw her alive on Jan. 25, 1945
and that death occurred on the date and hour stated above.

4. Sex F-1 **5. Color or race** W
6. (a) Single, widowed, married, 2 divorced Widowed
6. (c) Age of husband or wife if alive _____ years
Joe Brown
7. Birth date of deceased: Feb 14 1876
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage
Due to _____
Due to _____

8. AGE: Years 69 Months 9 Days 11
If less than one day _____ hr. _____ min.

Other conditions g 3a
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Lincoln County Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business _____
12. Name Thomas Hartley
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Baker
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mary McDonald
(b) Address Troy Mo.
17. (a) Burial (b) Date thereof Jan 27 45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wayne Mc Coy

22. If death was due to external causes, fill in the following:
(c) 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? _____ (c) Means of injury _____
23. Signature Dr. C. Allgood (M. D. or other) Dr.
Address Troy, Mo. **Date signed** 1/25/45

18. (a) Signature of funeral director Troy City Cemetery
(b) Address Troy Mo.
19. (a) May 1, 1945 (b) Pauline M. ...
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed

5-4-45

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.....

Licensed Embalmer No.....

P. O. Address.....

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.