

S. No. 2
M-8-43
7-5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 14 1945
Registration District No. 32

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16977
State File No. _____
Registrar's No. 314

Primary Registration District No. 3021

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

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town TRENTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2105 CHESTNUT
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 67 years years, months or days

3. (a) PRINT FULL NAME REBECCA BROWN
3. (b) If veteran, name war _____ 3. (c) Social Security No. NINE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife R. D. BROWN 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 9, 1878
(Month) (Day) (Year)

8. AGE: Years 67 Months 0 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Grundy County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business HOME

MOTHER FATHER { 12. Name Ann Johnson
13. Birthplace Spring Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Martha Kelley
15. Birthplace Spring Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Harl Moore
(b) Address 11938 Chestnut St. Mo.

17. (a) burial (b) Date thereof May 7, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shickel County, Grundy Co.

18. (a) Signature of funeral director James A. Davis

(b) Address 2105 Chestnut

19. (a) 5-5-45 (b) S. S. Roberts
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Grundy
(c) City or town TRENTON
(If outside city or town limits, write "RURAL") 2
(d) Street No. 2105 Chestnut
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 4th
year 1945 hour 12:30 minute 0 M.

21. I hereby certify that I attended the deceased from 4-3-45 to 5-4-45
that I last saw her alive on 5-4-45
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Hemorrhagic nephritis Duration 6 weeks

Due to Chronic Cholecystitis
Due to Pyorrhoea Alveolaris

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 170
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) _____ (e) Means of injury _____

23. Signature W. W. Johnson (M. D. or other) MD
Address Trenton Mo Date signed 5-5-45

RECEIVED
District Health Officer No. 11,
District File Number
Date Filed

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

Myself

Registered Apprentice No. _____

working under my personal supervision.

Signed *Rajme A. Davis*

Licensed Embalmer No. *3424*

P. O. Address *Denton, 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.