

FILED MAY 16 1945

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17012

Registration District No. 34

Primary Registration District No. 4208

Registrar's No.

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town Cainsville
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison
(c) City or town Cainsville
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Ida Olive Brown

3. (b) If veteran, name war None (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased November 18 1862
(Month) (Day) (Year)

8. AGE: Years 82 Months 4 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business

12. Name Joel Hall
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name Martha Banta
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Pearson
(b) Address Cainsville, Missouri.

17. (a) Burial (b) Date thereof April-27 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cemetery

18. (a) Signature of funeral director _____
(b) Address Cainsville, Missouri.

19. (a) April 27-45 (b) S. Pha. Shaw.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
year 1945 hour 9 minute 20 P.M.

21. I hereby certify that I attended the deceased from Feb 1-11, 1945, to April 25, 1945;
that I last saw him alive on April 25, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Arteriosclerosis
Due to: Chronic Hypertension
Cause of Hypertension _____
Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
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 J. C. Duff (M. D. or other) _____
Address Cainsville MO Date signed 4/26-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 111
District File Number
Date Filed

STATEMENT BY LICENSED EMBALMER

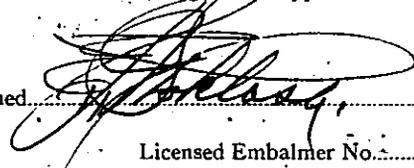
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, of by

Eddie J. Stoklasa

Registered Apprentice No.

working under my personal supervision.

Signed



Licensed Embalmer No. 3602

P. O. Address Cainsville, Missouri

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.