

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 7 1945

Registration District No. 206

Primary Registration District No. 5744

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Rural Castor Leap
(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 most of life years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Sarah J. Brown

3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife James Brown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 9 1852 (Month) (Day) (Year)

8. AGE: Years 93 Months 7 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Mathis

13. Birthplace Leun (City, town, or county) (State or foreign country)

14. Maiden name Allen

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant E. Motts

(b) Address Fredricktown Mo

17. (a) Burial (b) Date thereof May 28-45 (Burial, cremation, or removal) (Monthly) (Day) (Year)

(c) Place: burial or cremation Snowdenville

18. (a) Signature of funeral director Web - Haer Sul Han

(b) Address Fredricktown Mo

19. (a) May 28 1945 (b) S.C. Slaughter (Date received local registrar) (Registrar's Name)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1945 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from Jan 1 1943 to 6 May 26 1945
that I last saw her alive on March 1 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis Duration 4 1/2 yrs

Due to Valvular heart lesions and arteriosclerosis

Other conditions Cirrhosis of liver 5-40
(Include pregnancy within 3 months of death)

Major findings: Of operations 13/6 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 W. Harry Barron (M. D. or other) _____
Address Fredricktown Mo Date signed 6/28/45

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

200

RECEIVED

District Health Officer No. 4
District File Number 645-659
Date Filed 6-5-45

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 John H. Holt
Licensed Embalmer No. 4264
P. O. Address Fredericktown

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.