

FILED JUN 16 1945

State File No. _____

Registration District No. 211

Primary Registration District No. 3056

Registrar's No. 92

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 316 Patton St.
(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 Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 316 Patton St.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ethel Agnes Brower

3. (b) If veteran, name war ✓ 3. (c) Social Security No. 491-07-1023

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Albert M. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 9th 1894
(Month) (Day) (Year)

8. AGE: Years 50 Months 8 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Shoemaker

11. Industry or business Brown Shoe Co

MOTHER FATHER { 12. Name James Smith
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Lena Stephens
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Albert M. Brower

(b) Address Moberly, Mo

17. (a) Burial (b) Date thereof May 24 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DeWitt, Mo

18. (a) Signature of funeral director Mahon and Son

(b) Address Moberly, Mo

19. (a) 5-24-45 (b) Anna Dave
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21st
year 1945 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Coroner's Case
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Natural Undetermined

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 200 Of autopsy _____

Duration

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 R. Williams (M. D. or other) _____
Moberly, Mo Coroner Date signed 5-23-45

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

JUN 16 1945

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RECEIVED

District Health Officer No. 10

District File Number 6-45-98

Date Filed JUN 12 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 *Frank S. D. Witt*

Licensed Embalmer No. 3021

P. O. Address *Moberly, 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.