S. No. 2
M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31063

FILED OCT 2 1945

Registration District No. 243 Primary Registration District No. 3047 Registrar's No. 110

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Neosho Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sale Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 hrs. (Specify whether years, months or days)
In this community Her whole life time

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Neosho Mo. R. 4
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Marguerite Ann Brown.
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced ✓ 0
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Oct. (Month) 11 (Day) 1944 (Year)

8. AGE: Years	Months	Days	If less than one day
	11	1	hr. min.

9. Birthplace Joplin Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation ✓
11. Industry or business ✓
FATHER
12. Name Orville D. Brown
13. Birthplace Driavale Neb. (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name Willie Marguerite Densieke
15. Birthplace Newton Co. Mo. (City, town, or county) 0 (State or foreign country)
16. (a) Informant Orville D. Brown
(b) Address Neosho Mo R. 4
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-14-45 (Month) (Day) (Year)
(c) Place: burial or cremation New Salem
18. (a) Signature of funeral director B. O. Bussard
(b) Address Seneca Mo.
19. (a) Sept. 27, 1945 (Date received local registrar) (b) Nelson C. Bowman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12 year 1945 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from Sept 7th, 1945, to Sept 12th, 1945, that I last saw her alive on Sept 12th, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Enteritis	
Dehydration + Acidosis	
Due to unknown	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

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)
While at work
(e) Means of injury
23. Signature Nelson C. Bowman (M. D. or other) M.D.
Address Neosho, Mo. Date signed 9-27-45

1482

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED OCT 5 1945

District Health Officer No. .....

District File Number 945-173.

Date Filed OCT 5 1945

Signed B. W. Buzzard

Licensed Embalmer No. 2336

P. O. Address Seneca 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.