

FILED NOV 6 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 279

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
205 N. First St 1
(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 Mo. (b) County Boone / 10
(c) City or town Columbia 2
(If outside city or town limits, write "RURAL") 4
(d) Street No. 205 N. First St 5
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Ella N. Brown Lane

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

4. Sex F 3 5. Color or race colored 6. (a) Single, widowed, married, divorced ✓
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug. 1 1876
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Boone Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name James Brown
13. Birthplace Boone Co Mo 0
(City, town, county) (State or foreign country)
14. Maiden name Mary Parker Brown
15. Birthplace Boone Co Mo 1
(City, town, or county) (State or foreign country)

16. (a) Informant Frank P. Brown
(b) Address 157 S. 42 St. Chicago Ill.

17. (a) Burial (b) Date thereof 10. 28. 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director A. G. Freeman
(b) Address 608 Park Ave. Columbia Mo

19. (a) 10-20-45 (b) Mrs R. E. Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 17 day Oct
year 1945 hour 10 minute 30 M.

21. I hereby certify that I attended the deceased from Oct 13 1945 to Oct 17 1945
that I last saw her alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Aetyle Nephritis
Chronic
Due to Sen Artirio Sclerosis
Due to _____

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

Major findings:

Of operations _____

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 Stephen Drath (M. D. or other) _____
Address Columbia Mo Date signed 10-18-45

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

1420

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed A. G. Freeman

Licensed Embalmer No. 2837

P. O. Address 609 Park Ave Columbia 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, above space should be left blank.