S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34221

Registration District No. 231 Primary Registration District No. 4346 Registrar's No. 35

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

1. PLACE OF DEATH:
(a) County MONTGOMERY
(b) City or town MONTGOMERY CITY
(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 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County MONTGOMERY
(c) City or town MONTGOMERY CITY
(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 MAGGIE FLORENCE BRIGHAM
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 MARRIED
6. (b) Name of husband or wife EDW. L. BRIGHAM
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased OCT. (Month) 12 (Day) 1873 (Year)

8. AGE: Years 72 Months Days 12 If less than one day ____ hr. ____ min.

9. Birthplace MIDDLETOWN (City, town, or county) MO. (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business
FATHER
12. Name C. S. ELLIOTT
13. Birthplace ~~OHIO~~ (City, town, or county) OHIO (State or foreign country)
MOTHER
14. Maiden name MARGARET MORGAN
15. Birthplace OHIO (City, town, or county) OHIO (State or ~~foreign country~~)
16. (a) Informant E L Brigham
(b) Address Montgomery City Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Oct 26 1945 (Month) (Day) (Year)
(c) Place: burial or cremation MONTGOMERY CITY MO
18. (a) Signature of funeral director A Marlow
(b) Address Montgomery City Mo
19. (a) 10-28-45 (Date received local registrar) (b) Vivian I. Spires (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24 year 1945 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from Oct. 10th 1942 to Oct 24th 1945 that I last saw her alive on Oct. 24 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion & Acute Pulmonary Edema	4-5 yrs Sudden
Due to Chronic Myocarditis & Hypertensive Cardio Vascular Disease	4-5 yrs
Due to	
Other conditions (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) no
(b) Date of occurrence none
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none (Specify type of place)
While at work? no (e) Means of injury no

23. Signature E. J. T. Anderson, M.A.O. (M. D. ~~or other~~) M.D.
Address Montgomery City Mo Date signed 10/26/45

1479

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 11-5-45

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 Joseph A Marlow

Licensed Embalmer No. 3658

P. O. Address Montgomery Ala

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.