S. No. 2
1—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 8 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34489

State File No.

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 190

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington St. Francois Twp. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: County In-firma-ry 5- Rural (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Eight Months (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Francois 94

(c) City or town Rural Farmington (If outside city or town limits, write "RURAL") 0

(d) Street No. Farmington Route 4 (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

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

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Femal

5. Color or race white

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Manul Brown

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct., (Month) 12, (Day) 1945 (Year)

8. AGE: Years 84 Months 0 Days 0 If less than one day hr. min.

9. Birthplace Near Memphis, Tenn. (City, town, or county) (State or foreign country) 1

10. Usual occupation care of home

11. Industry or business

FATHER
12. Name William Estes
13. Birthplace Tenn. (City, town, or county) Tenn. (State or foreign country) 1

MOTHER
14. Maiden name dont know
15. Birthplace dont know (City, town, or county) (State or foreign country) 1

16. (a) Informant Elmer Brown

(b) Address Desloge, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct., 14, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Park View

18. (a) Signature of funeral director C. Z. Boyer

(b) Address Desloge, Mo.

19. (a) 10-16-45 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12 year 1945 hour 1 minute 30 AM.

21. I hereby certify that I attended the deceased from Oct 6, 1945, to Oct 12, 1945 that I last saw her alive on 10-11, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	5 d
Due to	
Due to	
Other conditions Hypertension & chronic nephritis (Include pregnancy within 3 months of death)	131

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. O. Gaile (M. D. or other)

Address Desloge Date signed 10-15-45

1397 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1145-1321

Date Filed 11-8-45

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 C. Z. Sayer

Licensed Embalmer No. 1671

P. O. Address Leesloge Ms.

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.