

FILED DEC 2 1945

Registration District No. _____

Primary Registration District No. **1000**

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day 1 day (Specify whether)

In this community 1 day
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 903 Roosevelt
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jean Rae Brown

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13
year 1945 hour 9 minute 45 a.m.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased November 14 1945
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-12-45 19 to 11-13-45 19
that I last saw her alive on 11-13-45 19
and that death occurred on the date and hour stated above.

8. AGE: Years 0 Months 0 Days 1 If less than one day hr. min.

Immediate cause of death Prematurity

Due to _____

Due to _____

9. Birthplace St Joseph Missouri
(City, town, or county) (State or foreign country)

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

Major findings: Of operations 15

Of autopsy _____

10. Usual occupation infant

11. Industry or business _____

MOTHER FATHER

12. Name Alfred W. Brown

13. Birthplace Jameson Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Catherine T. Ritter

15. Birthplace St Joseph Missouri
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Alfred W. Brown

(b) Address St Joseph Mo

17. (a) burial (b) Date thereof 11/15/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

While at work? _____ (Specify type of place)

(e) Means of injury 0

23. Signature H. P. Peters (M. D. or other) _____

Address St Joseph Mo Date signed 11-13-45

18. (a) Signature of funeral director Heaton Begeter Bowman

(b) Address St Joseph Mo

19. (a) Nov 15, 1945 (b) [Signature]
(Date received local registrar) (Registrar's signature)

1424 (Licensed Embalmer's Statement on Reverse Side)

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

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Next of kin J. Peterman

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

Licensed Embalmer No. *1710*

P. O. Address *St. Joseph 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.