

**FILED FEB 8 1946** STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 129

Primary Registration District No. 5467

Registrar's No. ....

**1. PLACE OF DEATH:**

(a) County Greene  
 (b) City or town Rural 1st Robberson Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Willard R.F.D. # 2  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
45 Years (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME ANNA CATHERINE BROWER

3. (b) If veteran, name war None  
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edmund M. Brower

6. (c) Age of husband or wife if alive 15 years  
 7. Birth date of deceased October 6, 1867  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>3</u>	<u>23</u>	hr. min.

9. Birthplace Quincy, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

MOTHER FATHER  
 12. Name Leonard Dehm  
 13. Birthplace Quincy, Illinois  
(City, town, or county) (State or foreign country)  
 14. Maiden name Anna Stuckert  
 15. Birthplace Quincy, Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Glen Brower

(b) Address Willard Mo. R.F.D. # 2

17. (a) Burial (b) Date thereof Feb. 3, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Robberson Prairie

18. (a) Signature of funeral director Fred C. Thieme

(b) Address Springfield, Mo.

19. (a) Feb. 2, 1946 (b) Mrs. Herman White  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Greene  
 (c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Willard R.F.D. # 2  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country.....

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 29th  
 year 1946 hour 6:50 PM minute ..... M.

21. I hereby certify that I attended the deceased from 1-28  
128 to 1-29 1946  
 that I last saw her alive on 1-29 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral  
Hemorrhage  
 Due to Hypertension  
 Due to .....

Other conditions Had Cerebral Hemorrhage  
(Include pregnancy within 3 months of death)

Major findings resultant paralysis  
 Of operations .....

Of autopsy none

22. If death was due to external causes, all 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 J. Freeman (M. D. or other) 1-30-46  
 Address Springfield Date signed 1-30-46

Duration 36 hrs  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

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

697

39  
6  
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GREENSBORO  
Greene County Health Office,  
County File Number 46-2-13  
Date Filed \_\_\_\_\_

AUG 5 1948

FEB 20 1958

*Handwritten mark*

**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 Ralph H. Lieme

Licensed Embalmer No. 3681

P. O. Address Springfield, 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.**