No. 2
-8-43
-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2839

FILED JAN 21 1946

Registration District No. ____ Primary Registration District No. 3023 Registrar's No. 205

1. PLACE OF DEATH:

(a) County Henry Co. (b) City or town Clinton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wetzel Hospital 0
(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 St. Clair 93
(c) City or town Appleton City Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. ____ 0
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No) 1
If yes, name country ____

3. (a) PRINT FULL NAME Anna Brown

3. (b) If veteran, name war ____

3. (c) Social Security No. None

4. Sex F | 5. Color or race W | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife F. A. Brown

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Aug (Month) 10 (Day) 1880 (Year)

8. AGE: Years	Months	Days	If less than one day
65	4	11	hr. ____ min.

9. Birthplace Appleton City (City, town, or county) Mo (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ____

MOTHER FATHER

12. Name M. B. McKinley

13. Birthplace ____ (City, town, or county) Ohio (State or foreign country)

14. Maiden name Minerva Brown

15. Birthplace ____ (City, town, or county) Ohio (State or foreign country)

16. (a) Informant F. G. Brown

(b) Address Appleton City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 23 45 (Month) (Day) (Year)

(c) Place: burial or cremation Appleton City Cemetery

18. (a) Signature of funeral director Orson Ellis

(b) Address Appleton City, Mo.

19. (a) 12 24 45 (Date received local registrar) (b) R. R. Mesmally (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21
year 1945 hour 5 minute 20 P M.

21. I hereby certify that I attended the deceased from 11-1-45, 19__, to 12/24/45, 19__;
that I last saw her alive on 12/21/45, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	
Cirrhosis of liver	
with edema	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
Of autopsy 10 8

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 Geo. J. West (M. D. or other) MD
Address 165 E. Ohio Date signed 12/21/45

(Licensed Embalmer's Statement on Reverse Side) Clinton Mo

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

10073

12-43-1367
1-13-46

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 Owen T. Eckhoff

Licensed Embalmer No. 3942

P. O. Address.....

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.