

Registered on Death No. **FILED M 2/26/46**

Primary Registration District No. **6126**

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Shannon  
(b) City or town Jacksfork Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: No  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution No (Specify whether  
In this community 4 Years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shannon 101  
(c) City or town Jacksfork, Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Mary Ann Brown

3. (b) If veteran,

name war No

3. (c) Social Security

No. No

4. Sex F /

5. Color or race W

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

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

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased October 20th, 1873  
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 6 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Folk Daugherty

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

14. Maiden name Sarah Davis

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

16. (a) Informant C. L. Becker

(b) Address Doe Run Mo

17. (a) Burial (b) Date thereof 2/1 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Esthel Charnell

18. (a) Signature of funeral director Joe R. Duncan

(b) Address Mountain View, Mo

19. (a) 3-6-46 (b) Mabel Peen  
(Date received local registrar) (Registrar's signature)

50% (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb, day 26th  
year 1946 hour 7 minute 45 p. m.

21. I hereby certify that I attended the deceased from 2/17/46 to 2/26/46 1946  
that I last saw her alive on 2/17/46 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Duration 10 days

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations 335  
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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. T. Eudy (M. D. or other)  
Address 2/28/46 Date signed \_\_\_\_\_

**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 Joe R. Duncan

Licensed Embalmer No. 4325

P. O. Address W. W. View, 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.**