

FILED APR 10 1946

STANDARD CERTIFICATE OF DEATH

State File No. **8776**

Registration District No. **59**

Primary Registration District No. **4102**

Registrar's No. **49**

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

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Craigton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 60 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass
(c) City or town Craigton
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Mary Catherine Brown

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased Sept 12 1861
(Month) (Day) (Year)

8. AGE: Years 84 Months 8 Days 11 If less than one day hr. _____ min. _____

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

10. Usual occupation HOME MAKER

11. Industry or business _____
12. (a) Name Julius C Taylor
(b) City, town, or county Benton Co Mo
(State or foreign country)

13. (a) Surname Mary C Sharp

15. Birthplace Benton Co Mo
(City, town, or county) (State or foreign country)

(c) Informant H. H. Brown
(b) Address Craigton Mo.

17. (a) Amial (b) Date thereof 3-24-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grant

18. (a) Signature of funeral director Robert Amald

(b) Address Craigton Mo.

19. (a) 3-24-1946 (b) Samuel Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1946 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from 13 December 1945, to 10 March 1946
that I last saw her alive on 10 March 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza

Due to _____

Due to _____

Other conditions (include pregnancy within 5 months of death) _____

Major findings: Of operations _____

Of autopsy 33K

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 J. W. Gallenath (M. D. or other) _____

Address Craigton, Missouri Date signed 3/23/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

APR 18 1948

MAY 11 1948

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 Robert Arnold

Licensed Embalmer No. 3621

P. O. Address Creechton, 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, above space should be left blank.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Cass } ss.

State File No. 8776
Local Registrar's No. 49

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 29th day of April, 1946, before me appears.....

H.L. Brown, who, upon his oath, states that the original record of ~~birth~~ ^{death}

for Mary Cathrine Brown died March 23, 1946 in the State of Missouri, and which was filed at Jefferson City, Mo on 4-10, 1946 should be corrected as follows:

Item No. 7 should read Sept 12 1861

Instead of..... Sept 12 1860

Item No. should read 84 -- 6 11

Instead of..... 85 - 6 - 11

Item No. should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief

(SEAL) Affiant: H.L. Brown Relationship: son

Creighton, Missouri
Present Address.

Subscribed and sworn to before me this 29th day of April, 1946

My Commission expires July 9, 1949
Robert H. ... Notary Public.

