

S. No. 2
I-8-43
5-17-39
P-I X37823

State File No. _____

Registrar's No. 3

Registration District No. 60

Primary Registration District No. 4106

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

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Jerico Springs, Missouri
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution XXXXX
(Specify whether years, months or days)

In this community All of life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20

(c) City or town Jerico Springs, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. XXXX
(If rural, give location)

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

3. (a) PRINT FULL NAME CAROLINE BROWN

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4 th
year 1946 hour 9 minute 30 M.

21. I hereby certify that I attended the deceased from March - 1st
1946 to March - 4 1946
that I last saw her alive on 3-4 1946
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Beemer Brown 6. (c) Age of husband or wife if alive XXX years

7. Birth date of deceased May 17, 1859
(Month) (Day) (Year)

Immediate cause of death Senile pneumonia

Due to _____

Due to _____

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

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>10</u>	<u>28</u>	<u>X</u> hr. <u>X</u> min.

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

10. Usual occupation Housewife

11. Industry or business XXXXXX

12. Name Grabel Hickman

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

14. Maiden name Mary Hutchens

15. Birthplace xx South Carolina
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy 1946

16. (a) Informant W. D. Nickman

(b) Address Stockton, Missouri

17. (a) Burial (b) Date thereof 3-6-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jerico Springs Cemetery

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 G. B. Bannister (M. D. or other) _____
Address Jerico Springs Date signed 3-5-46

18. (a) Signature of funeral director CHURCH AND NEALE

(b) Address Stockton, Missouri

19. (a) 3-11-46 (b) Maider M. Ellis
(Date received local registrar) (Registrar's signature)

RECEIVED

Death Officer No. 7,

Member 2-46-251

Date Filed 3-15-46

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.....

C. A. Neale

Licensed Embalmer No. 3335

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.