S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8938

Registration District No. 99 Primary Registration District No. 5373 Registrar's No. 24

1. PLACE OF DEATH:
(a) County DeKalb
(b) City or town Maysville (Rural) (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 years, months or days)
In this community 6 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County DeKalb
(c) City or town Amity (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Brown
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug - 26 - 1864 (Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 13 If less than one day hr. min.

9. Birthplace Henderson Grove, Ill (City, town, or county) (State or foreign country)
10. Usual occupation Home
11. Industry or business

FATHER
12. Name Chas. M. Brown
13. Birthplace New Jersey (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eliza Daily
15. Birthplace New York (City, town, or county) (State or foreign country)

16. (a) Informant Bryan Rose
(b) Address Maysville Mo RFD
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-12-46 (Month) (Day) (Year)
(c) Place: burial or cremation Amity Cemetery
18. (a) Signature of funeral director [signature]
(b) Address Maysville Mo
19. (a) 3/11-46 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 9 year 1946 hour 10 minute 30 P M.

21. I hereby certify that I attended the deceased from May, 1943 to March 9, 1946 that I last saw her alive on March 9, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	?
Due to Arteriosclerosis	15 yrs ?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

930

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 [signature] M. D. or other
Address Maysville, Mo Date signed 3/11-46

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(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 E. Pucker

Licensed Embalmer No. 3960

P.O. Address Maysville 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.