

No. 2
-5-43
5-17-39
I X36871

FILED MAR 27 1946

Registration District No. **200**

Primary Registration District No. **5725**

1. PLACE OF DEATH:

(a) County **Macon**
(b) City or town **rural Hudson**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Macon Co.**
(c) City or town **rural**
(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 **Lessie L. Brown**
3. (b) If veteran, name war.....
3. (c) Social Security No.....

4. Sex **Female** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Harold Brown** 6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **April 25 1905**
(Month) (Day) (Year)

8. AGE: **41** Years **9** Months **13** Days
41 hr. **13** min.
If less than one day

9. Birthplace **Sullivan Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Home wife**

11. Industry or business

12. Name **J. C. Bedford**
13. Birthplace **Adair Co. Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Beatrice Kent**
15. Birthplace **Sullivan Co. Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harold Brown**
(b) Address **Macon Mo.**

17. (a) **Burial** (b) Date thereof **2-8-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Woodlawn Cem.**

18. (a) Signature of funeral director **Stephens & Gooding**
(b) Address **Macon, Mo.**

19. (a) **Feb 21-46** (b) **Smith McNeely**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **7**
year **1946** hour **3** minute **15** A.M.

21. I hereby certify that I attended the deceased from **Aug - 31** 19**43** to **Feb 7** 19**46**; that I last saw her alive on **Feb 7** 19**46**; and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Rheumatic Heart Disease - with complete decompensation.** Duration

Due to.....
Due to.....
Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations.....
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) (c) Means of injury
23. Signature **Frank J. Legend** (M.D. number) **P.O. 2**
Address..... Date signed **2/18/46**

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

8982

183

Embalmed

RECEIVED

District Health Officer No. 10

District File Number *3-46-563*

Filed *MAR 10 1946*

1941 JAN 17

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. L. Stephens*.....

..... Licensed Embalmer No. *3057*

..... P. O. Address *Macon, 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.