

Registration District No. 42

Primary Registration District No. 1000

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
 (c) Name of hospital or institution: H.G. Wells Nursing Home 2805 Frederick
 (d) Length of stay: In hospital or institution 2 months
 In this community 2 months

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Andrew
 (c) City or town Helena
 (d) Street No. _____
 (e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Ida May Brown
 (b) If veteran, name war none
 (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 25
 year 1946 hour 12 minute 05 A.M.

4. Sex female
 5. Color or race white
 6. (a) Single, widowed, married, divorced, widow
 6. (b) Name of husband or wife Oliver E. Brown
 6. (c) Age of husband or wife if alive 11 years
 7. Birth date of deceased April 11 1873

21. I hereby certify that I attended the deceased from 3-11 1946 to April 25 1946
 that I last saw her alive on April 21 1946
 and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|-------------------------------------|-------|--------|------|----------------------|
| <input checked="" type="checkbox"/> | 73 | 0 | 14 | hr. min. |

Immediate cause of death: Chronic Nephritis
 Due to: Hypertensive cardiovascular renal disease
 Due to: Generalized Anasarca

9. Birthplace Helena Missouri
 10. Usual occupation at home

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

11. Industry or business _____
 12. Name: John Hampton
 13. Birthplace: Cooper Co. Missouri
 14. Maiden name: Etta Payne
 15. Birthplace: Helena Missouri

Major findings: _____
 Of operations: _____
 Of autopsy: _____

16. (a) Informant John Brown
 (b) Address St. Joseph, Mo.
 17. (a) Burial (b) Date thereof 4/27/46
 (c) Place: Bethel Cemetery
 18. (a) Signature of funeral director: _____
 (b) Address St. Joseph, Mo.
 19. (a) Apr. 29, 1946 (b) _____

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? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
 23. Signature: _____
 Address: St. Joseph, Mo. Date signed: 4-25-46

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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• from [unclear]

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, on 25 Apr 4
....., Registered Apprentice No.
working under my personal supervision.

Signed Harold Bowman

Licensed Embalmer No. 3619

P. O. Address St. Joseph, 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.