

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED MAY 16 1946
STANDARD CERTIFICATE OF DEATH

State File No. 19274

Registration District No. 088

Primary Registration District No. 4522

Registrar's No. 8

1. PLACE OF DEATH:

(a) County VERNON
(b) City or town HARWOOD
(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)
In this community 20 YRS. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County VERNON / AS
(c) City or town HARWOOD
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELIZA ELLEANOR 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 M /
6. (b) Name of husband or wife ELIAS BROWN 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Oct. 10, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 6 16 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name DANIEL W. Wilson
13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name MARY Moller
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant F. C. Brown
(b) Address Harwood Mo
17. (a) Burial (b) Date thereof APR. 28, 46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation LEFler

18. (a) Signature of funeral director Oliver Jones
(b) Address Harwood, Mo
19. (a) Apr. 27-1946 (b) Mrs. Sarah E. Gray
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1946 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from 4/22, 1946, to 4/25, 1946;
that I last saw her alive on 4/25, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 4 days
Due to Hypertension 4 yrs.?

Due to _____
Other conditions Generalized Arteriosclerosis?
(Includes pregnancy within 3 months of death) Sis.

Major findings: Of operations _____ Of autopsy 50
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 J. B. Stokes (M. D. or other) _____
Address Harwood, Missouri Date signed 4/27/46

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

MOTHER FATHER

RECEIVED

District Health Officer No. 71

District No. 4-46-473

Date Filed 5-13-46

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..... *William [unclear]*

Licensed Embalmer No. 2709

P. O. Address..... *Harwood, 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.