. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20923

State File No.

FILED JUN 20 1946

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 69

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Chillicothe Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 226 South Henry St. 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 Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Livingston 59

(c) City or town Chillicothe Mo. 1 (If outside city or town limits, write "RURAL")

(d) Street No. 226 Henry St. 2 (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Eliza Jane Brown

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 3

5. Color or race Colored

6. (a) Single, widowed, ~~married~~, ~~divorced~~ Widowed 5

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec (Month) 1 (Day) 1869 (Year)

8. AGE: Years 76 Months 6 Days 0 If less than one day hr. min.

9. Birthplace Utica Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Chas Gross 1
13. Birthplace Md. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Don't Know 1
15. Birthplace Va. (City, town, or county) (State or foreign country)

16. (a) Informant Clem Brown

(b) Address R. C. Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-4-46 (Month) (Day) (Year)

(c) Place: burial or cremation North Cem.

18. (a) Signature of funeral director C Beckett 3227

(b) Address Chillicothe Mo.

19. (a) June 1-4-46 (Date received local registrar) (b) Frances B. Neill (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 6 day 1 year hour 12 minute 50 P M.

21. I hereby certify that I attended the deceased from May 25, 1946, to , 19 ; that I last saw her alive on May 31, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hemorrhage - Cerebral	6 days
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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Joseph A. Conrad M.D (M. D. or other)

Address Chillicothe, Mo Date signed June 4-46

(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 Was Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed E Beckett

Licensed Embalmer No. 3227

P. O. Address Chillicothe M

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.