No. 2
-2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 26 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21182

Registration District No. ✓ Primary Registration District No. 4442 ✓ Registrar's No.

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Higbee
(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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County 999

(c) City or town Antimwa 13
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 21

If yes, name country

3. (a) PRINT FULL NAME BESSIE - BROWN -

3. (b) If veteran, name war

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced ✓

6. (b) Name of husband or wife Samuel Brown

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
64	10		hr. min.

9. Birthplace Iowa (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William Springer
13. Birthplace Iowa (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Murdock
15. Birthplace Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Myrtle Beck
(b) Address Antimwa Iowa

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Antimwa Cem

18. (a) Signature of funeral director H S Riferson
(b) Address Higbee

19. (a) (Date received local registrar) (b) J. W. Wrinn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 21-46
year 2 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to 2-21 , 1946
that I last saw her alive on same day , 1946
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 hr
Due to hypertention	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 83a	

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 2

23. Signature V. L. Robinson (M. D. or other) D.O.
Address Higbee, Mo Date signed 2-21-46

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(Licensed Embalmer's Statement on Reverse Side)

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 H. S. Roberson.

Licensed Embalmer No. 3000

P. O. Address Higbee 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.

S. No. 2B
M—3-45
I X43880

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

State File No. July

Registration District No. 390 1 Primary Registration District No. 4442 Registrar's No.

1. PLACE OF DEATH

(a) County Randolph

(b) City or town b

(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Ottumwa

(c) City or town

(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 Bessie 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 w

6. (b) Name of husband or wife Samuel

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 64 Months 10 Days If less than one day hr. min.

9. Birthplace (City, town, or county) Iowa (State or foreign country)

10. Usual occupation

11. Industry or business Housewife

MOTHER FATHER

12. Name William Springer

13. Birthplace (City, town, or county) Iowa (State or foreign country)

14. Maiden name Murdock

15. Birthplace (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Myrtle Beck

(b) Address Ottumwa Iowa

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

(c) Place: burial or cremation Ottumwa Cem

18. (a) Signature of funeral director H. E. Robinson

(b) Address Hughes

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. Day 21 year 1946 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 1 mo

Due to hypertension

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

23. Signature U. L. Robinson (M. D. or other) D. O.

Address Hughes, Mo Date signed 2-21-46

SUPPLEMENTARY

21182