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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED JUL 29 1946 STANDARD CERTIFICATE OF DEATH

23434

State File No. _____

Registration District No. 199

Primary Registration District No. 427

Registrar's No. 78

48800
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Holt
(b) City or town Craig, Mo
(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 28 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt 44
(c) City or town Craig, Mo (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 Mamie Agnes Brown

3. (b) If veteran, name war None 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife David L. Brown 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased October 12, 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 8 2 hr. min.

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

10. Usual occupation Housewife

11. Industry or business In the home

MOTHER FATHER
12. Name Nicholaus Wachtel
13. Birthplace Hampton, Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Wildermuth
15. Birthplace Hampton, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant David L. Brown
(b) Address Craig, Mo.

17. (a) Burial (b) Date thereof June 16, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Cemetery

18. (a) Signature of funeral director Wilber L. Schoder
(b) Address Craig, Mo.

19. (a) June 16, 1946 (Date received local registrar)
J. J. J. J. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 14
year 1946 hour 5 minute 45 A.M.
21. I hereby certify that I attended the deceased from June 7
1946, to June 14, 1946;
that I last saw h.e.r. alive on June 14, 1946;
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Thrombosis Duration 7 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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature J. Bruce McKee (M.D. or other) DO
Address Craig, Mo. Date signed June 14/46

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.....

Myself....., Registered Apprentice No.....
working under my personal supervision.

Signed *Wilber L. Schooler*.....

Licensed Embalmer No. *3997*.....

P. O. Address *Craig, 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.