S. No. 2
M—5-43
. 5-17-39
I X36671

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. 23918

FILED JUL 16 1946

Registration District No. 15 Primary Registration District No. 5572 Registrar's No. 100

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Jackson County Emergency Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Weeks (Specify whether

In this community 9 Months. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Inter-City (If outside city or town limits, write "RURAL")

(d) Street No. 630 South Hardy (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Eva Jane Brown

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased November (Month) 25, (Day) 1864 (Year)

8. AGE:

Years	Months	Days	If less than one day
81	6	23	hr. min.

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

10. Usual occupation none

11. Industry or business —

FATHER
12. Name Benjaman F. Smith
13. Birthplace (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Martha Elizabeth Thompson
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant John H. Brown

(b) Address 630 South Hardy

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6- 21-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Horton, Kansas.

18. (a) Signature of funeral director Dufon L. Kepley

(b) Address Independence, Missouri.

19. (a) 6/28/46 (Date received local registrar) (b) Lee Haynes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18th year 1946 hour 10:00 minute p. M.

21. I hereby certify that I attended the deceased from June 1, 1946, to June 18, 1946 that I last saw her alive on June 17, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Anemia, pernicious	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy 730	

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 F. W. Tuttle (M. D. or other) MD

Address Blue Springs, Mo. Date signed 6/7/46

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(Licensed Embalmer's Statement on Reverse Side)

AUG 4 1948

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 Dixon L. Kepley

Licensed Embalmer No. 4225

P. O. Address Sudlersville Md

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.