

S. No. 2
M-5-43
5-17-39
p. I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30741

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 132

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Nett City
(c) Name of hospital or institution: Jane's Home Hospital
(d) Length of stay: In hospital or institution (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Nett City
(d) Street No. 609 N. 1st
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Tammy Blanche Brown
(b) If veteran, name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 4 year 1946 hour 11:30 minute AM
21. I hereby certify that I attended the deceased from Sept 1 to Sept 4 and that I last saw him alive on Sept 4 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Widowed
6. (c) Age of husband or wife if alive years

Immediate cause of death: Internal Bleeding
Due to: Fractured Skull
Both Knees Broken
Right Clavicle Broken

7. Birth date of deceased: February 20 1887
(Month) (Day) (Year)
8. AGE: Years 59 Months 6 Days 15 If less than one day hr. min.

Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations: 120 c's
Of autopsy: 21

9. Birthplace Jasper County, Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

PHYSICIAN
Underline the cause to which death should be charged statistically.
Signature: [Signature]

MOTHER FATHER
12. Name Samuel Smith
13. Birthplace Texas
14. Maiden name Frances Brownell
15. Birthplace Ind.
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 9/4/46
(c) Where did injury occur? Charterville Jasper Mo
(d) Did injury occur in or about home, on farm, in industrial place, or public place? Public Place - Mainly 2
While at work: no (Specify type of place) (e) Means of injury Can

16. (a) Informant Ethel Whitlock
(b) Address Nett City, Mo
17. (a) Burial (b) Date thereof Sept 6 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Carverville Cem
18. (a) Signature of funeral director Nett City Und Co.
(b) Address Nett City, Mo
19. (a) SEPT. 5. 46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

49
6
2

46-8734

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.....

Harvey E. Arma....., Registered Apprentice No. 412
working under my personal supervision.

Signed Clayton M. Johnston.....

Licensed Embalmer No. 4304.....

P. O. Address Webb City 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.