

FILED NOV 12, 1946
Registration District No. **55-88**

Primary Registration District No. **55-88**

Registrar's No. **218**

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 49 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Sirilda Ann 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 Widowed

6. (b) Name of husband or wife David Brown 6. (c) Age of husband or wife if alive 17 years

7. Birth date of deceased June 17 1859
(Month) (Day) (Year)

8. AGE: Years 87 Months 4 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER

12. Name Abe Cowan

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

14. Maiden name not known

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

16. (a) Informant Mrs. Ray Hood

(b) Address Pitcher Okla.

17. (a) Burial (b) Date thereof 10-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sarcoux Cemetery

18. (a) Signature of general director J. E. Kilbane

(b) Address Sarcoux Mo.

19. (a) Oct 23-46 (b) A. B. Clifton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Sarcoux (b) County Jasper

(c) City or town Rural (Sarcoux) Jasper
(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 _____

MEDICAL CERTIFICATION:

20. DATE OF DEATH: Month Oct day 22
year 1946 hour 2:20 minute _____ P. M.

21. I hereby certify that I attended the deceased from Oct 18, 1946 to Oct 22, 1946
that I last saw her alive on Oct 22, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcin. respiratory failure Duration _____

Due to Pneumonia, Bronchial

Due to _____

Other conditions fracture
(Include pregnancy within 3 months of death)

Major findings:
Of operations 107

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 L

23. Signature J. E. Kilbane (M. D. or other) D.O.
Address Sarcoux Mo. Date signed _____

46-11-911

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 me

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

Signed Wm H. Jackson

Licensed Embalmer No. 3954

P. O. Address Lancaster, Ind.

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.