

FILED JAN 14 1947

Registration District No. \_\_\_\_\_

Primary Registration District No. 5325

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Brown  
(b) City or town Berryman in Clinton  
(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 life time years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Brown 28  
(c) City or town Berryman MO 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? American (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Elizabeth M. 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 m  
6. (b) Name of husband or wife Alb Brown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug - 24 - 1864 (Month) (Day) (Year)

8. AGE: Years 82 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation nan

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Neat Harper 9  
13. Birthplace \_\_\_\_\_ (City, town or county) (State or foreign country)  
14. Maiden name Phelie Harman 7  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Walker Dewberry

(b) Address Steelville MO

17. (a) \_\_\_\_\_ (b) Date thereof 12-6-1946 (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c). Place: burial or cremation Brown Cemetery

18. (a) Signature of funeral director Ed Jones

(b) Address Steelville MO

19. (a) 1-6-47 (b) [Signature] (Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 17th year 1946 hour 6 minute 2 A.M.  
21. I hereby certify that I attended the deceased from Nov. 30 1946 to Dec. 3 1946 that I last saw her alive on Dec. 1 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 1 hr. massive  
Due to Hypertension 2 yr  
Due to Arteriosclerosis

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_ Of autopsy [Signature]  
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) (c) Means of injury \_\_\_\_\_  
23. Signature William H. Raley (M. D. or Public Health Officer)  
Address Steelville Date signed 2/12/46

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

RECEIVED

District Health Officer No. 5,

District File Number 14722

Date Filed 1-13-47

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 Henry Jones  
Embalmed, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed Henry Jones  
Licensed Embalmer No. 2628  
P. O. Address Steelville, 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.