

No. 2
M-5-43
5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40112
State File No. _____
Registrar's No. 215

FILED JAN 7 1947
Registration District No. _____

Primary Registration District No. 2019

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

1. PLACE OF DEATH:

(a) County Stuncklin

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

(c) Name of hospital or institution:
none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether)

In this community 29 years (years, months or days)

3. (a) PRINT FULL NAME Georgia ANN BROWN

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race white

6. (a) Single widowed, married, divorced

6. (b) Name of husband or wife Wm. Thomas Brown

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

7. Birth date of deceased April 13, 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>7</u>	<u>26</u>	hr. _____ min. _____

9. Birthplace McNair Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business home

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Harvey C. Brown

(b) Address Kennett, Mo.

17. (a) Burial (b) Date thereof Dec-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge

18. (a) Signature of funeral director Paul Salmon

(b) Address Kennett, Mo.

19. (a) 12-16-1946 (b) Carl Husband
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stuncklin

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

(d) Street No. 416 Frisco Street
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9th
year 1946 hour 8:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from Dec 8
1946 to Dec. 9 1946
that I last saw her alive on Dec. 9 1946
and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion

Due to Hypertensive Heart Disease

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations ASD

Of autopsy _____

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 Quinton Tamer (M. D. or other) _____
Address Kennett, Mo. Date signed 12-10-46

Duration 2 days

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

90

RECEIVED

District Health Office No. 2,

District File Number 147-15

Date Filed 1-3-47

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.....

John F. Leonard....., Registered Apprentice No. 415
working under my personal supervision.

Signed [Signature].....

Licensed Embalmer No. 2556.....

P. O. Address Kennett, 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.