

No. 2
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5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40173
Registrar's No. 24

FILED JAN 9 1947

Registration District No. 119

Primary Registration District No. 4193

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Hermann
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
219 E. First St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 20 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 37
(c) City or town Hermann 1
(If outside city or town limits, write "RURAL")
(d) Street No. 219 E. First St 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME LAURA LOTTIE BROWN

3. (b) If veteran, name war ---- 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 James Brown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 13 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>9</u>	<u>21</u>	hr. _____ min.

9. Birthplace Hermann Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Charles Beckmann

13. Birthplace Hermann Mo 0
(City, town, or county) (State or foreign country)

14. Maiden name Ida Rasche

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Armin Brown

(b) Address Hermann, Missouri

17. (a) Burial (b) Date thereof 12/6/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hermann City Cemetery

18. (a) Signature of funeral director Roger Blumer

(b) Address Hermann, Mo.

19. (a) 12/6/46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3
year 1946 hour 8 minute 05 P.M.

21. I hereby certify that I attended the deceased from
Dec. 31, 1942 to Dec. 3, 1946;
that I last saw her alive on Dec. 3, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 4 yrs.

Due to Pneumonia 12/42

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____ 93D
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 _____

23. Signature [Signature] (M. D. or other) [Signature]
Address Hermann, Mo. Date signed 12/4/46

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JAN 8 1947

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 _____

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.