

No. 2
-8-43
5-17-39
X37822

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41675**

FILED JAN 9 1947
Registration District No. **291**

Primary Registration District No. **4433**

Registrar's No. **99**

1. PLACE OF DEATH:

(a) County **Putnam**

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

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

(d) Length of stay: In hospital or institution **2 months**
(Specify whether years, months or days)

In this community **50 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Putnam**

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **ELLEN BRICE**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **8**
year **1946** hour **10** minute **10** A. M.

4. Sex **Female** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **JACK BRICE**

6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **November 15 1896**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Sept 9** 19**46** to **Dec 8** 19**46**; that I last saw her alive on **Dec 8** 19**46** and that death occurred on the date and hour stated above.

8. AGE: Years **90** Months **0** Days **23** If less than one day hr. _____ min. _____

Immediate cause of death: **Hypostatic pneumonia** Duration **10 days**

Due to **Senile debility & fracture of right hip** **3 months**

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

9. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business **Home work**

12. Name **Dennis Daily**

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

14. Maiden name **ANNIE O'Donnell**

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

16. (a) Informant **Cypha O'Reilly**

(b) Address **Lemons Mo**

17. (a) **Burial** (b) Date thereof **Dec 10 1946**
(Burial, cremation, or removal) (Monthly) (Day) (Year)

(c) Place: burial or cremation **Lemons Mo**

18. (a) Signature of funeral director **Charles L. Judd**

(b) Address **Unionville Mo**

19. (a) **1-1-47** (b) **Marvell Durbin**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accident**

(b) Date of occurrence **Sept 9 1946**

(c) Where did injury occur? **Unionville Putnam Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **In home**
(Specify type of place)

While at work? **yes** (e) Means of injury **fracture of hip**

23. Signature **Chas L Judd** (M. D. or other) **MD**

Address **Unionville Mo** Date signed **12-9-46**

266 (Licensed Embalmer's Statement on Reverse Side)

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

40488

RECEIVED
District Health Officer No. 10
District File Number 47-35
Filed JAN - 7 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

John N. Comstock

Licensed Embalmer No. *3891*

P. O. Address *Unionville 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.