V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1825

FILED FEB 13 1947

Registration District No. ..... Primary Registration District No. 3044 Registrar's No. 9

1. PLACE OF DEATH:

(a) County Miller

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

(c) Name of hospital or institution: West - 9th St 1
(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 Miller 66

(c) City or town Eldon - 1
(If outside city or town limits, write "RURAL")

(d) Street No. West - 9 St 1
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country —

3. (a) PRINT FULL NAME Ida - Davis - O'Brown

3. (b) If veteran, name war none

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 John - O'Brown

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

7. Birth date of deceased July (Month) 31 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
74	9	4	— hr. — min.

9. Birthplace Moniteau - Co (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation House wife

11. Industry or business Home

FATHER
12. Name James - ~~Reynolds~~ Junod
13. Birthplace Moniteau Co (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Rebecca - Reynolds
15. Birthplace Moniteau - Co (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Susie Junod
(b) Address Eldon Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation Denny - Cem -

18. (a) Signature of funeral director Keith McKays
(b) Address Eldon Mo

19. (a) 2-5-47 (Date received local registrar) (b) Alverretta Waltz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5 year 1947 hour 12 minute 45 P M.

21. I hereby certify that I attended the deceased from 2/4, 1947, to 2/5, 1947, that I last saw her alive on 2/5, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	6 hrs
Due to arterio-Sclerosis	2
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 43	
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? ..... (Specify type of place)

While at work? ..... (e) Means of injury 0

23. Signature G. D. Walker (M. D. ~~or other~~) M.D.

Address Eldon - Mo Date signed 2/6/47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3-11-47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was Not embalmed by me, ~~or by~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Keith M Kaye

Licensed Embalmer No. 3998

P. O. Address Elbow 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.