FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 24 1948 3

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5781

State File No. 44491

Registrar's No. 13 '47

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

1. PLACE OF DEATH:
(a) County: Miller
(b) City or town: RURAL - Glaze
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Brumley, Mo. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Miller
(c) City or town: RURAL
(If outside city or town limits, write "RURAL")
(d) Street No.: Brumley, Mo
(If rural, give location)
(e) Citizen of foreign country? (~~Yes~~ or No)
If yes, name country:

3. (a) PRINT FULL NAME: Lura Bell Brown
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Female 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: DAVID E. BROWN
6. (c) Age of husband or wife if alive: 73 years
7. Birth date of deceased: Oct. (Month) 25 (Day) 1883 (Year)

8. AGE: Years 64 Months 2 Days 5 If less than one day ... hr. ... min.

9. Birthplace: Brumley (City, town, or country) Mo. (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business:
12. Name: ANDY T. ROBINETT (FATHER)
13. Birthplace: (City, town, or country) VIRGINIA 1 (State or foreign country)
14. Maiden name: Rebecca Phillips (MOTHER)
15. Birthplace: Miller County (City, town, or country) Mo (State or foreign country)
16. (a) Informant: DAVID BROWN
(b) Address: Brumley, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/1/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Hawkins Cemetery
18. (a) Signature of funeral director: Loren L. Adams
(b) Address: Olivia Mo.
19. (a) Jan 7 1948 (Date received local registrar) (b) Mrs C R Hawkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30 year 1947 hour 3:00 minute P. M.
21. I hereby certify that I attended the deceased from September 1947 to Dec 30 1947 that I last saw her alive on Oct 6 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Nephritis	Years
Due to: Cardio Renal Vascular Dis.	Years
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 13 P
Of autopsy:

PHYSICIAN — Underline the cause of 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:

23. Signature: M. E. Humphreys (M. D. or other) D.O.
Address: Tuscumbia, Mo. Date signed: 1-4-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 1/23/68

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 Logan L. Adams

Licensed Embalmer No. 4307

P. O. Address Shiloh, 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.