G. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 9 1948

Registration District No. 277

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9452

Primary Registration District No. 4329

Registrar's No. 19

1. PLACE OF DEATH:
(a) County: Mississippi
(b) City or town: Wyatt
(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 ..... (Specify whether years, months or days)
In this community: 1 Day

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Mississippi
(c) City or town: Wyatt, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.: None
(If rural, give location)
(e) Citizen of foreign country? No! (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Connie Jean Brown
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: None
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: February (Month) 13, (Day) 1948 (Year)

8. AGE: Years	Months	Days	If less than one day
0	0	1	..... hr. ..... min.

9. Birthplace: Wyatt, (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation: Infant
11. Industry or business: None
FATHER
12. Name: Estel Lee Brown
13. Birthplace: Wyatt, (City, town, or county) Missouri. (State or foreign country)
MOTHER
14. Maiden name: Bernice May Haynes
15. Birthplace: Cairo, (City, town, or county) Illinois. (State or foreign country)
16. (a) Informant: Estel Lee Brown
(b) Address: Wyatt, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-15-1948 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Cemetery Charleston, Missouri.
18. (a) Signature of funeral director: Private
(b) Address
19. (a) 4-1-48 (Date received local registrar) (b) Mrs. John Bondurant (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14th year 1948 hour 4:00 minute A.M.
21. I hereby certify that I attended the deceased from Feb 13 1948 to Feb 14 1948 that I last saw her alive on Feb 14 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Intracranial Hemorrhage	
Due to:	1 day
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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: [illegible] (M. D. or other)
Address: Wyatt Mo. Date signed 2-27-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2,
District File Number 448-442
Date Filed 4-5-48

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.