

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15150

Registration District No. 336

Primary Registration District No. 6121

Registrar's No.

1. PLACE OF DEATH:

(a) County Shannon
(b) City or town Birch Tree, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
In this community 65 Years years, months or days)

3. (a) PRINT FULL NAME Betty Catherine Brown

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years
7. Birth date of deceased Dec. 2nd 1869 (Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days - If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Joseph R. Martin
13. Birthplace Tenn. (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth, Hussung
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Miss Bertha Martin
(b) Address Birch Tree, Mo

17. (a) (Burial, cremation, or removal) Interment (b) Date thereof Mar 2 1948 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Church

18. (a) Signature of funeral director W. L. Davis
(b) Address St. Louis, Mo

19. (a) 3-16-48 (b) W. L. Davis (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shannon /61
(c) City or town Birch Tree, Mo (If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd year 1948 hour 2 minute 30 p.M.

21. I hereby certify that I attended the deceased from Feb 25 1948 to March 2 1948
that I last saw her alive on March 1 1948
and that death occurred on the date and hour stated above.

Immediate cause of death nephritis Duration 7 days

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 132
Of autopsy
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 R. L. Davis (M. D. or other)
Address Birch Tree, Mo Date signed 3/4/48

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 5,

District File No. 448265

Date Filed 4-13-48

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.

Signed.....

Licensed Embalmer No. 4325

P. O. Address Matthews 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.