6. No. 2
1—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 19 1948

Registration District No. 70

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3002

State File No. 15348

Registrar's No. 71

4000

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Mexico (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Audrain Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Audrain
(c) City or town Rual (If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #1, Martinsburg (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ethel C. 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 Married
6. (b) Name of husband or wife Lee E. Brown
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased August 31, 1890 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
57	8	8	hr. min.

9. Birthplace Audrain County, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Henry Stowers
13. Birthplace Georgia (City, town, or county) (State or foreign country)
14. Maiden name Lula Bozarth
15. Birthplace Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant Lee e. Brown
(b) Address Martinsburg, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10, 1948 (Month) (Day) (Year)
(c) Place of burial or cremation Elmwood, Mexico, Mo.
18. (a) Signature of funeral director Earl E. Pruett
(b) Address Mexico, Mo
19. (a) 5/10/48 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 8 year 48 hour 4 minute 25 P.M.
21. I hereby certify that I attended the deceased from July 1, 1947, to 5-8-48, that I last saw her alive on 5-8-48, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Uterus with	1 year
Metastasis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 48B	

Major findings: Malignant Tumor with Metastasis
Of operations
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
23. Signature J. Bellard (M. D. or other)
Address Williamsville Date signed 5/9/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number S-48-896
Date Filed MAY 18 1948

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 Earl E. Pruett

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.