

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. **22496**

FILED AUG 14 1948

Registration District No. **67**Primary Registration District No. **4107**Registrar's No. **34**

## 1. PLACE OF DEATH

- (a) County Cedar  
 (b) City or town El Dorado Springs  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution 40 yrs (Specify whether  
 In this community years, months or days)

3. (a) PRINT FULL NAME HANNAH BROWN3. (b) If veteran,  
name war

3. (c) Social Security No.

4. Sex Female 5. Color or race white  
 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive years7. Birth date of deceased march 2 1861  
(Month) (Day) (Year)8. AGE: Years 87 Months 3 Days 29 If less than one day  
hr. min.9. Birthplace Iowa  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business

12. Name William Fowlston13. Birthplace Iowa  
(City, town, or county) (State or foreign country)14. Maiden name Martha15. Birthplace Iowa  
(City, town, or county) (State or foreign country)16. (a) Informant Mrs Bertie Branch(b) Address Moreland Okla17. (a) Burial (b) Date thereof 7/7/48  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation City Cemetery18. (a) Signature of funeral director Walter Funderwirth(b) Address El Dorado Springs Mo19. (a) 7/13/48 (b) J. Branch  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Cedar  
 (c) City or town El Dorado Springs  
 (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1  
year 1948 hour 12 minute 40 A.M.21. I hereby certify that I attended the deceased from June  
27th 1948 to July 1 1948  
that I last saw her alive on June 27 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemorrhage

Duration

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:

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?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature W. Funderwirth (M. D. or other) DoAddress El Dorado Springs Date signed 7-13-48

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No.

District File Number 7-48-92

Date Filed 8-12-48

SEP 9 1948

OCT 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 George W. Nefes

Licensed Embalmer No. 2752

P. O. Address El Dorado Spgs

**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.**