No. 2
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5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 23 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26852

Registration District No. 166 Primary Registration District No. 4254 Registrar's No. 9

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson 51
(c) City or town Knob Noster 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary M. Brown
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Martin Brown
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased May (Month) 28 (Day) 1874 (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	2	11	hr. min.

9. Birthplace (City, town, or county) Wisconsin (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name John Chamberland
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Emma Hunter
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mr. Martin Brown
(b) Address Knob Noster, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation Adams Memoral Cem.
18. (a) Signature of funeral director W. Raymond Baker
(b) Address Knob Noster, Mo.
19. (a) 8/11/48 (Date received local registrar) (b) Erma L. Beatty (Registrar's signature) 1119

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9th year 1948 hour 9 minute 30 P.M.
21. I hereby certify that I attended the deceased from Aug 1st 1948 to Aug 9 1948 that I last saw her alive on Aug 9 1948 and that death occurred on the date and hour stated above.

Immediate cause of death (1) Cerebral Hemorrhage — Duration 2 days
Due to
Due to
Other conditions (1) Chr Myocarditis (2) Chr nephritis
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature L.W. Grove M.D. (M.D. or other)
Address Knob Noster, Mo. Date signed Aug 11 48

(Licensed Embalmer's Statement on Reverse Side)

AUG 31 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 W. Raymond Baker, Registered Apprentice No. 25, working under my personal supervision.

Signed C. L. Sault

Licensed Embalmer No. 1086

P. O. Address Knox Foster Me

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.