S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 20 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33613

Registration District No. 248

Primary Registration District No. 4369

Registrar's No. 20

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

3
4
5

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Seneca
(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 ____ (Specify whether
In this community 44 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town Seneca 4
(If outside city or town limits, write "RURAL")

(d) Street No. ____ 5
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME Emma Iowa Brown

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced wid. 2

6. (b) Name of husband or wife Gilbert

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased Oct. (Month) 12 (Day) 1865 (Year)

8. AGE: Years 82 | Months 11 | Days 28 | If less than one day ____ hr. ____ min.

9. Birthplace ____ (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation Invalid

11. Industry or business ____

FATHER
12. Name Christian Dodt 9
13. Birthplace Unknown 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Caroline Frankhauser
15. Birthplace ____ (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant Mrs. Lola Thomas

(b) Address Seneca, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-12-48 (Month) (Day) (Year)

(c) Place: burial or cremation Seneca Cemetery

18. (a) Signature of funeral director W E Biddlecome

(b) Address Seneca Mo

19. (a) Oct. 13, 1948 (Date received local registrar) (b) Phyllis Brite (Registrar's signature) 1117

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10
year 1948 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from Dec 14, 1944 to Oct 10, 1948; that I last saw her alive on Oct 10, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy — Duration

Due to Hypertension

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? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature T. B. Luemler (M. D. or other)

Address Seneca Mo Date signed 10-12-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Newton Co Health Unit

District File Number 1048-395

Date Filed 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 W E Biddlecome

Licensed Embalmer No. 2174

P. O. Address Seneca 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.