

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **35448**
Registrar's No. **32**FILED OCT 25 1948
374
Primary Registration District No. **6275**Primary Registration District No. **6275**Registrar's No. **32**

1. PLACE OF DEATH:

- (a) County **Worth**
(b) City or town **Allendale-Smith Township**
(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 **8 years**
years, months or days)3. (a) PRINT **Helen Irene Brown**
FULL NAME

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 **single**
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years
7. Birth date of deceased **August 17 1940**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
8 I 20 br. min.

9. Birthplace **Allendale Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business.
12. Name **Sam Brown**
13. Birthplace **Allendale Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Clady's Harker**
15. Birthplace **Allendale Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Sam Brown**
(b) Address **Grant City, Mo.**
17. **Burial** (b) Date thereof **10-9-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation **Kirk Cemetery**
18. (a) Signature of funeral director **Arch C. Dunfee**
(b) Address **Grant City, Mo.**
19. (a) **OCT 15 1948** (b) **Leta C. Dawson**
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **Missouri** (b) County **Worth**
(c) City or town **Allendale-Rural**
(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 **10** day **7**
year **1948** hour **6** minute **30 P.** M.
21. I hereby certify that I attended the deceased from **July 1**
19**48** to **10-7** 19**48**
that I last saw **her** alive on **10-6** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death

Myocardial Infarction

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operationsOf autopsy **N.O.**

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)

23. Signature **R. H. Hester** (M.D. or other)Address **Grant City, Mo.** Date signed **10-8-48**

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

ST HEALTH
Com No.

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. 3252

P. O. Address Leant City, 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.