National Office of Vital Statistics

FILED DEC 14 1948

Registration District No. 182

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5679

State File No. 37278

Registrar's No. 26

1. PLACE OF DEATH:

(a) County LINN

(b) City or town NEW BOSTON (Baker)
(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 73 yr 6 mo
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Linn 58.

(c) City or town New Boston
(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 —

3. (a) PRINT FULL NAME JENNIE DAVIS

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F M.

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife —

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

7. Birth date of deceased May (Month) 23 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	6	0	..... hr. ..... min.

9. Birthplace New Boston Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business Self

FATHER
12. Name James Brownlee
13. Birthplace Linn Co. Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eliza Dunham
15. Birthplace Linn Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ted McCollum
(b) Address New Boston Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 24, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation New Boston Mo.

18. (a) Signature of funeral director Larson Funeral Service
(b) Address Bucklin Mo.

19. (a) Nov 23, 1948 (Date received local registrar) (b) Mrs Bridie Kelley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23, year 1948 hour 12 minute 55 A.M.

21. I hereby certify that I attended the deceased from Nov 22, 1948 to Nov 23, 1948; that I last saw her alive on Nov 23, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to arteriosclerosis	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93D

PHYSICIAN

Underline the cause of 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 2

23. Signature R. A. Divelbeer (~~M.D.~~ or other) D.O.

Address Bucklin Mo. Date signed 11-23-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

SEP 8 1954

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 G. A. Larson

Licensed Embalmer No. 4037

P. O. Address Buckner 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.