

No. 2
-1/47
5-17-39

National Office of Vital Statistics
FILED JAN 4 1949

Registration District No. **164**

Primary Registration District No. **3032**

Registrar's No. **138**

1. PLACE OF DEATH:

(a) County **Johnson**

(b) City or town **Warrensburg**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **202 S Washington**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **none**
(Specify whether years, months or days)

In this community **20 years**
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson 51**

(c) City or town **Warrensburg, Mo**
(If outside city or town limits, write "RURAL")

(d) Street No. **202 S Washington**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **ANNA K BROWN**

3. (b) If veteran, name war **NONE**

3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **NEGRA**

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 **Aug. 24 1873**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	3	26	- hr - min

9. Birthplace **Johnson Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **None**

12. Name **Joanier Brown** **9**

13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **Rose Ann Jackson**

15. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mack Nelson**

(b) Address **Warrensburg Mo**

17. (a) **Burial** (b) Date thereof **12/22/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial **Blackwater Cemetery Pittsburg Mo.**

18. (a) Signature of funeral director **F. T. Schabig**

(b) Address **Warrensburg Mo.**

19. (a) **Dec. 22, 1948** (b) **Warrensburg Mo.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **20**
year **1948** hour **11:45** minute _____ M.

21. I hereby certify that I attended the deceased from **June 10**
1945 to **Dec. 20**, 19**48**
that I last saw her alive on **Dec. 4**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Generalized Arteriosclerosis**

Due to **Senility**

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **99**

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 _____

Signature **W. J. Jackson** (M. D. or other) _____

Address **Warrensburg Mo.** Date signed **12-22-48**

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

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 Francis Lee Schubert

Licensed Embalmer No. 4513

P. O. Address Clinton 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.