

FILED JAN 12 1949
Registration District No. 245

Primary Registration District No. 5790

Registrar's No. 63

had 598
67
150

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

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town Rural Wolf Island
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5 miles South of East Prairie
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 39 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mississippi (b) County Mississippi
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 5 miles South of East Prairie
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME LENA ELIZABETH 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 Joe Brown 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased March 3 1875
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 26 If less than one day hr. min.

9. Birthplace Franklin Co. Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business _____

12. Name Alexander Majoris
13. Birthplace Franklin Co. Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Mrs. Smith
15. Birthplace Franklin Co. Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Bochersmith
(b) Address East Prairie, Mo.

17. (a) Rural (b) Date thereof Dec 31 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W. O. W. Cemetery
18. (a) Signature of funeral director Aggie Shelby
(b) Address East Prairie Mo

19. (a) Jan 6 1949 (b) Anna Harper
(Date received local registrar) (Registrar's signature) (Date)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29
year 1948 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from Dec 20
1948 to Dec 29 1948
that I last saw him alive on Dec 29 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia
Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 108

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) (e) Means of injury ✓

23. Signature W. Whitaker (M. D. or other) _____
Address East Prairie Mo Date signed 1/6/49

PHYSICIAN

Underline the cause to which death should be charged statistically.

JAN 19 1961

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

Travis Shelby

Licensed Embalmer No.

2726

P. O. Address

East Prairie, 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.