

Registration District No. 15Primary Registration District No. 5074Registrar's No. 2

1. PLACE OF DEATH:

(a) County Barton
 (b) City or town Irwin, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 60 years
 years, months or days)

3. (a) PRINT FULL NAME Ida Faye Brown3. (b) If veteran, name war No 3. (c) Social Security No. _____4. Sex Female 5. Color or race W 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: July 21 1886
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
63 3 10 hr. _____ min.9. Birthplace: Busnell Ill.
(City, town, or county) (State or foreign country)10. Usual occupation Post-Master

11. Industry or business _____

12. Name Oscar Brown13. Birthplace Unk. Ill.
(City, town, or county) (State or foreign country)14. Maiden name Ida Brown15. Birthplace Maryland
(City, town, or county) (State or foreign country)16. (a) Informant Paul Brown(b) Address Lamar, Mo.17. (a) Burial (b) Date thereof 1-3-49
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Sheldon18. (a) Signature of funeral director Beeny Funeral Home(b) Address Sheldon, Mo.19. (a) JAN 6, 1949 (b) Marie Konantz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Barton
 (c) City or town Irwin, Mo.
 (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 January day 1
year 1949 hour 6 minute 00 AM.21. I hereby certify that I attended the deceased from
June 30, 1948 to Jan 1, 1949
that I last saw her alive on Dec. 31, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cancer of Breast
relapsed to lungs
& elsewhere

Due to _____

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

Major findings: _____

Of operations 170

Of autopsy _____

22. If death was due to external causes, fill in the following:

(c) 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 John T. Beckel (M. D. or other) M.D.
Address Lamar, Mo. Date signed 1/3/49

Duration

3 + years

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

RECEIVED
District Health Officer No. 6,
District File Number 149-41
Date Filed 1-11-49

JAN 21 1949

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 *L. Gerald Beeny*
Licensed Embalmer No. *4203*
P. O. Address *Sheldon 7th*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.