

FILED SEP 26 1955

STANDARD CERTIFICATE OF DEATH

State File No.

31954

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|---|--|---|--|--|--|--|--|
| BIRTH NO. | | REG. DIST. NO. <u>326</u> | | PRIMARY REG. DIST. NO. <u>4482</u> | | Registrar's No. <u>40</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Scotland Co., Mo.</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scotland</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Memphis</u> | | c. LENGTH OF STAY (in this place) <u>year</u> | | c. CITY OR TOWN <u>Memphis</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | • STREET ADDRESS (If rural, give location) <u>0940</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>MARY</u> | | b. (Middle) <u>E.</u> | | c. (Last) <u>BROWN</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 21, 1955</u> | | 5. SEX <u>F</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | |
| 8. DATE OF BIRTH <u>Oct. 22 1869</u> | | 9. AGE (In years last birthday) <u>85</u> | | 10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Clark Co., Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | 13a. FATHER'S NAME <u>Joseph Forbes</u> | | 13b. MOTHER'S MAIDEN NAME <u>EMMA Creger</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Charles M Brown</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>No</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>NANNIE B. Kitts</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>4221</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u> <u>7 years</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>June 7, 1952</u> , to <u>Sept 21, 1955</u> , that I last saw the deceased alive on <u>Sept 21, 1955</u> , and that death occurred at <u>9 P. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>A. M. Keethler</u> | | | | 23b. ADDRESS <u>Memphis, Mo</u> | | 23c. DATE SIGNED <u>9-24-55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>1955 Sept 25</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Memphis Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Memphis, Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>9/24/55</u> | | REGISTRAR'S SIGNATURE <u>Vera G. Purner</u> | | 4760 | | 5. FUNERAL DIRECTOR'S SIGNATURE <u>Guthrie Baskett</u> | |
| | | | | | | ADDRESS <u>Memphis Mo</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

3-300

0-48

9561 2 NOV

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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Albert C. Gerth*.....

Licensed Embalmer No. *475*.....

P. O. Address *Mumf...*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.