

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25645

AUG 18 1941

Registration District No. 279

Primary Registration District No. 67968

Registrar's No.

1. PLACE OF DEATH:

- (a) County Monroe Madison, R.R.
 (b) City or town Madison, R.R.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: XX
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution XX (Specify whether)
 In this community Lifetime
 years, months or days

3. (a) PRINT FULL NAME Minnie Elsworth Reid-Brown

8. (b) If veteran, name war XX 3. (c) Social Security No. XX

4. Sex Female 5. Color or race Whit 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Henderson Brown 6. (c) Age of husband or wife if alive 81 years
 7. Birth date of deceased May 7 1864
 (Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 2 If less than one day
 hr. min.

9. Birthplace Monroe Co., Mo. (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

11. Industry or business XX
 12. Name Millard Reid
 13. Birthplace Ky (State or foreign country)
 14. Maiden name Elizabeth Satterly (State or foreign country)
 15. Birthplace Ky (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Nora M. Stewart
 (b) Address Madison, Mo R.R.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-31-1941
 (c) Place: burial or cremation Sunset Hill, Madison

18. (a) Signature of funeral director Fred G. Thompson
 (b) Address Madison, Mo

19. (a) 7/30/1941 (Date received local registrar) (b) Mrs. Freda A. Thompson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Monroe
 (c) City or town Madison, R.R. (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 29 year 1941 hour 4 minute 15 p. m.
 21. I hereby certify that I attended the deceased from 7-29- 1941, to 7-29- 1941; that I last saw her alive on 7-29- 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis and
Uremia Duration NK

Due to
 Due to

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

Major findings:
 Of operations
 Of autopsy

PHYSICIAN

Underline the cause to 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?

While at work? (Specify type of place) (e) Means of injury

23. Signature F. C. Barnett (M. D. or other) W. D.
 Address Paris, Mo Date signed 7-30-41

RECEIVED

District Health Officer No. 10

District File Number 8-41-1525

Date Filed AUG 15 1941

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.....

Mrs. Fred A. Thompson
3282

Licensed Embalmer No.

P. O. Address Madison, 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, above space should be left blank.