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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41558

FILED JAN 4 1944

Registration District No. 42

Primary Registration District No. 1005

Registrar's No. 1354

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 15017 Vance St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community abt 30 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. R 7th St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNA-T-BROWN

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John H. Brown 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Apr 2 - 1882
(Month) (Day) (Year)

8. AGE: Years 61 Months 7 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Clarksdale Miss
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____
12. Name John H. Powell
13. Birthplace De Kalb Miss
(City, town, or county) (State or foreign country)
14. Maiden name Mary D. Peller
15. Birthplace De Kalb Miss
(City, town, or county) (State or foreign country)

16. (a) Informant Sarah W. Brown
(b) Address 2511 No 4 St St Joseph, Mo

17. (a) B. (Burial, cremation, or removal) (b) Date thereof 12/9/43
(Month) (Day) (Year)

(c) Place: burial or cremation Wendover Park Cem

18. (a) Signature of funeral director Ray Stamey
(b) Address St Joseph Miss

19. (a) 12-11-43 (Date received local Registrar) (b) John Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9 year 1943 hour 1 minute P M.

21. I hereby certify that I attended the deceased from Nov 26 1943 to Dec 9 1943 that I last saw her alive on Dec 8 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Rt Breast & Shoulder

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 50

Major findings: Of operations _____
Of autopsy _____

Duration _____
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 J.R. Elliott (M. D. or other) Miss
Address 801 S. Main St St Joseph, Mo Date signed 12/9/43

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

Dr. E. C. C. with
30 1/2 Francis

JAN 7 1944

CONFIDENTIAL

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 John Roy Blawie
Licensed Embalmer No. 2435
P. O. Address St Joseph 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.