

No. 2  
2-43  
17-39  
X35097

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2840

FILED JAN 21 1946

State File No. \_\_\_\_\_

Registration District No. 187

Primary Registration District No. 3023

Registrar's No. 211

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Clinton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
North Washington 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 40 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42  
(c) City or town Clinton (If outside city or town limits, write "RURAL")  
(d) Street No. North Washington St. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Rosa Brown

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Oct (Month) 3 (Day) 1864 (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>77</u>	<u>81</u>	<u>2</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace Benton Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business \_\_\_\_\_

12. Name Phillip Templeton

13. Birthplace Benton Co. Mo. (City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Charley Brown (b) Address Clinton Mo.

17. (a) Burial (b) Date thereof Dec 28 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Clinton Colored Cemetery

18. (a) Signature of funeral director Sperry & Son

(b) Address Clinton Mo.

19. (a) 12-25-40 (b) R. B. Kenney (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 26 year 1945 hour 1 AM/PM \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 12-22 1945 to 12-26 1945 that I last saw her alive on 12-22 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Senility

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

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 R. J. Powell (M.D. or other) \_\_\_\_\_

Address Clinton Mo. Date signed 12/28/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

(Licensed Embalmer's Statement on Reverse Side)

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

100176

12-45-1348  
1-13-46

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**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, ~~only~~.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed W. J. Tausant.....

Licensed Embalmer No. 3779.....

P. O. Address Clinton.....

**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.**