

FILED OCT 1 1946
Registration District No. 137

Primary Registration District No. 4215

Registrar's No. 180

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Brownington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
IN Brownington
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Brownington
(If outside city or town limits, write "RURAL")

(d) Street No. IN Brownington
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) U

If yes, name country _____

3. (a) PRINT FULL NAME Laura E Conden

3. (b) If veteran, name war -

3. (c) Social Security No. -

20. DATE OF DEATH: Month Sept day 22
year 1946 hour 3 minute 30 A.M.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased Oct 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 20, 1946 to Sept 22, 1946
that I last saw her alive on Aug 30, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 86 Months 11 Days 20
If less than one day

Immediate cause of death Carcinoma of stomach Duration 5 Mo.

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

10. Usual occupation Housewife

Due to _____

Due to _____

11. Industry or business _____

MOTHER FATHER { 12. Name John O Corington

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

Other conditions none
(Include pregnancy within 3 months of death)

16. (a) Informant Owen Conden

(b) Address Brownington, Mo

17. (a) Burial (b) Date thereof 9 25 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jim Paul Cem

Major findings: Of operations none 4613

Of autopsy none

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Fred Wilkinso

(b) Address Clinton, Mo

19. (a) 9-23-46 (b) R. B. Kenney
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence _____

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

RECEIVED

Case No. 7,
9-46-984
Date Filed 10-3-46

NOV 19 1946

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 *Fred Wilkinson*

Licensed Embalmer No. *2478*

P. O. Address *Clinton, 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.