N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 23 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32584
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson 2 Registration District No. 396
(b) Township Ft. Osage 1 Primary Registration District No. 5552 Registered No.
(c) City Buckner R.R. #1 (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 656 Allie Lee Brown.
(a) Residence, No. Buckner Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Charles Brown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16, 1887
7. AGE YEARS 52 MONTHS 8 DAYS 10 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Keeper
9. Industry or business in which work was done, as saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (month and year) 9/1939
11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edina Knox County, Mo

FATHER
13. NAME Thomas Burch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~[illegible]~~ Monticello Missouri

MOTHER
15. MAIDEN NAME Emma Inman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edina Knox County, Mo

17. INFORMANT (ADDRESS) Husband Buckner Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Buckner Mo DATE Sept 28 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) V. M. Reppert Buckner Mo #2321
20. FILED Sep 27, 1939 John W Robertson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26 1939
22. I HEREBY CERTIFY, That I attended deceased from Aug. 29, 1939, to Sept. 26, 1939
I last saw her alive on Sept. 26, 1939 Death is said to have occurred on the date stated above, at 8:05 p.m.
The principal cause of death and related causes of importance were as follows:
Staphylococcic Septicemia — Date of onset
54
Other contributory causes of importance: Diabetes
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) L. W. Higgins, M. D.
350 (Address) Buckner Mo.

Licensed Embalmer's Statement on Reverse Side)

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, U. M. Reppert, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed U. M. Reppert

Licensed Embalmer No. 2321

P. O. Address Buckner Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.