

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39459

Registration District No. DEC 3 2

Primary Registration District No. 5351

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Daviess
 (b) City or town "Rural" Jamesport Twp.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 75 Yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess
 (c) City or town "Rural" Jamesport Twp.
(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.

3. (a) PRINT FULL NAME Mary Elizabeth Brown 650

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

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

6. (b) Name of husband or wife Joel Brown 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased November 29 1849
(Month) (Day) (Year)

8. AGE: Years 89 Months 11 Days 26 If less than one day hr. min.

9. Birthplace Sagamon County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business Own Home

MOTHER FATHER { 12. Name James Ward

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

14. Maiden name Mary George

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

16. (a) Informant's own signature Ethel Schapugh

(b) Address Jamesport, Mo. R.F. D. #5

17. (a) Burial (b) Date thereof 11-26-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pilot Grove

18. (a) Signature of funeral director Hope Turn. Ethel B.

(b) Address Gallatin, Missouri

19. (a) 11-26-39 (b) Neer Wales
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25
 year 1939 hour 12 minute 35 A. M.

21. I hereby certify that I attended the deceased from Nov. 13
189, to Nov. 25, 189;

that I last saw her alive on November 24, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to _____

Due to _____

Other conditions 104
(include pregnancy within 3 months of death)

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 [Signature] (M. D. or other) _____

Address Jamesport, Mo Date signed 2/29/40

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

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.

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DEC 16 1939

1739-1758

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 *L. O. Richesson*

Licensed Embalmer No. *3302*

P. O. Address *Gallatin, 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.