

FILED MAR 8 - 1948

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

7038

Do not use this space.

1. PLACE OF DEATH

(a) County Jeffer Registration District No. 4.3
 (b) Township Mineral Primary Registration District No. 5559.C. Registered No. 15
 (c) City Webb City (d) Street No. Y.B. HOSPITAL. St.
 (e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 115 So 9th St. Webb City
 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Raymond L. Daniels</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 22, 1918</u>		
7. AGE	YEARS	MONTHS
	<u>21</u>	<u>10</u>
		DAYS
		<u>27</u>
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>at home</u>	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ottawa County Oklahoma</u>		
FATHER	13. NAME <u>Jack L. Brown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Centerville Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Lela Chance</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT (ADDRESS) <u>Raymond L. Daniels 115 So 9th St. Webb City</u>		
18. BURIAL (CREMATION, OR REMOVAL) PLACE <u>Carlesville</u> DATE <u>March 3, 1940</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Webb City, Mo. Webb City, Mo.</u>		
20. FILED <u>MCH. 3. 40</u> 19. <u>W. B. Pritchett M.D.</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 29, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1940, to Feb 29, 1940.
 I last saw her alive on Feb 28, 1940. Death is said to have occurred on the date stated above, at 7:35 a.m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
 Date of onset 77

Other contributory causes of importance: 77

Name of operation None Date of None
 What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury None, 19 None
 Where did injury occur? None (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify None
 (Signed) John E. Daniels, M.D.
 (Address) Webb City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

RECEIVED

District Health Officer No. 6,

District File Number 340-673

Date Filed MAR 6 1940

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

Signed Clayton M. Johnston

Licensed Embalmer No. 3, 922

P. O. Address Webb City, 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.