DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7770

Registration District No. 68 [illegible] Primary Registration District No. 4418 Registrar's No. 2

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Curryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not in Hospital (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pike
(c) City or town Curryville
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Jennie Bell Brown 630
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 S
6. (b) Name of husband or wife Single
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Jan (Month) 19 (Day) 1889 (Year)

8. AGE: Years	Months	Days	If less than one day
51	0	11	hr. min.

9. Birthplace Near Curryville (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation at Home of Parents 0
11. Industry or business 0
FATHER
12. Name T. Frank Brown
13. Birthplace Near Curryville (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Fannie J. Douglass
15. Birthplace Near Curryville (City, town, or county) Mo (State or foreign country)
16. (a) Informant's own signature Fannie Brown
(b) Address Curryville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 2-1940 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Curryville Cemetery
18. (a) Signature of funeral director W B Elmore
(b) Address Bowling Green
19. (a) (Date received local registrar) (b) Gene E Hendrex (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month IFeb day 1
year 1940 hour (9:30 minute A M.
21. I hereby certify that I attended the deceased from 12/3/39
, 19 , to 2/1 , 1940;
that I last saw her alive on 1/31/ , 1940;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	
Due to 1/31	
Due to	
Other conditions Chr. interstitial nephritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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) no
(b) Date of occurrence no
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none (Specify type of place)
While at work? (e) Means of injury --
23. Signature [signature] (M. D. or ~~other~~)
Address Louisiana Mo Date signed 2/1/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE 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.

Rev. 5-17-39
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RECEIVED
District Health Officer No. 10
District File Number 3-40-566
Date Filed MAR 8 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~~ ....., Registered Apprentice No. ....., working under my personal supervision.

Signed W. B. E. Moore

Licensed Embalmer No. 3466

P. O. Address Bowling Green

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.