

No. 2
4-13-40
5-17-39
I X23159

SEP 23 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29013
Registrar's No. 113

Registration District No. 508

Primary Registration District No. 3026

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

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Chillicothe
(c) Name of hospital or institution: 2
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution. 16 yr.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Livingston
(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No. 118 Jackson
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Grace M. Brown
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 29
year 1940 hour 11 minute 45 A.M.
21. I hereby certify that I attended the deceased from Aug 29
1940 to Aug 29 1940
that I last saw her alive on Aug 24 1940
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clarence E. Brown
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Aug 11 1878
(Month) (Day) (Year)

Immediate cause of death Thrombosis
Due to Unknown
Duration 2 hrs

8. AGE: Years 62 Months 0 Days 18
If less than one day _____ hr. _____ min.

Due to _____
Other conditions (Include pregnancy within 3 months of death) 44A

9. Birthplace Illinois (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Housewife

Major findings: Of operations _____
Of autopsy No autopsy
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name William Henderson
13. Birthplace Kentucky
14. Maiden name Sarah E. Beach
15. Birthplace Washington D.C.

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? 943

16. (a) Informant Clarence E. Brown
(b) Address Chillicothe, Mo.
17. (a) Removal (b) Date thereof Aug 31 '40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation James Brown
18. (a) Signature of funeral director James Brown
(b) Address Chillicothe, Mo.
19. (a) 8-30-40 (b) J.M. Proctor M.D.
(Date received local registrar) (Registrar's signature)

23. Signature J. W. Warbler (M.D. or other) 1
Address Chillicothe, Mo. Date signed 8/30/40

RECEIVED

District Health Officer No. 11,

District File Number 940-1473

Date Filed SEP 12 1948

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.....

Donald F. Gordon

Registered Apprentice No. *223*

working under my personal supervision.

Signed *James D. Gordon*

Licensed Embalmer No. *1870*

P. O. Address *Lehilleich, N*

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.