

Registration District No. 26

Primary Registration District No. 3002

Registrar's No. 138

1. PLACE OF DEATH:

(a) County Audrain  
 (b) City or town Mexico  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 420 Breckenridge 2  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community 15 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain  
 (c) City or town MEXICO  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 420 Breckenridge  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Charrie Bell Brown

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex 7 5. Color or race negro 6. (a) Single, widowed, married, divorced Widow  
 6. (b) Name of husband or wife JOHN 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased 1 26 1888  
(Month) (Day) (Year)

8. AGE: Years 52 Months 8 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Kentucky \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation House Work \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Thomas Ramsey \_\_\_\_\_

13. Birthplace Kentucky \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN \_\_\_\_\_

15. Birthplace UNKNOWN \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Theodore Brown

(b) Address 420 Breckenridge

17. (a) Burial (b) Date thereof 10-23-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood-Mexico

18. (a) Signature of funeral director Blanche Neely

(b) Address Mexico Mo

19. (a) Oct-23-1940 (b) Blanche Neely  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21  
 year 1940 hour 2 minute 10 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coroner Case

Due to Natural Cause

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy no

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 Blanche Neely \_\_\_\_\_  
(M.D. or other)

Address Mexico Mo Date signed 10/23-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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

*A. L. Reynolds*

Licensed Embalmer No.....

*3524*

P. O. Address.....

**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.**