

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42615

Registration District No. 328

Primary Registration District No. 5461

Registrar's No. _____

1. PLACE OF DEATH
(a) County Grundy
(b) City or town Trenton Mo Rt Jefferson
(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 _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days 2

2. USUAL RESIDENCE OF DECEASED:
State Missouri (b) County Grundy
(c) City or town Trenton
(If outside city or town limits, write "RURAL")
(d) Street No. Rt 4
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME Sarah Margaret Brown
3. (b) If veteran, name war _____ 3. (c) Social Security No. None
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 14 1868
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 26 year 1940 hour 9 PM minute _____ M.
21. I hereby certify that I attended the deceased from Dec 1940, 19____, to Dec 26, 1940
that I last saw her alive on Dec 25, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
79 10 12 hr. _____ min.
9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business _____
12. Name Solomon Parnell 4
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Julia Anne (State or foreign country)
15. Birthplace about Trenton (City, town, or county) (State or foreign country)

Immediate cause of death
Chronic Myocarditis Duration 1 year
Due to Chronic Interstitial nephritis 1 year
Due to _____
Other conditions MI
(Include pregnancy within 3 months of death)

MOTHER FATHER
16. (a) Informant's own signature Clara Brown
(b) Address Marionville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-40 (Month) (Day) (Year)
(c) Place: burial or cremation Gratton Cemetery
18. (a) Signature of funeral director Thomas H. Hays
(b) Address Trenton Mo
19. (a) 12-29-40 (Date received local registrar) (b) Trenton Mo (Registrar's signature)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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? 300
While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature JR Rooks (M. D. or other) _____
Address Trenton Mo Date signed 12/29/40

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.

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..... *Richard G. Gibson*

Licensed Embalmer No. *3109*

P. O. Address *Leuton MD*

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.