

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

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **42876**

Registration District No. **411** Primary Registration District No. **2002** Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH: **JASPER.**  
 (a) County \_\_\_\_\_  
 (b) City or town **JOPLIN.**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Pennsylvania**  
**2626**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community **40 yrs -** \_\_\_\_\_ years, months or days) \_\_\_\_\_

3. (a) PRINT FULL NAME **MARY F. BROWN.**  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **FE.** 5. Color or race **W** 6. (a) Single, widowed, married, divorced. **WIDOW.**  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **FEB: 3 -** **1863.**  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**77** **10** **19** \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **JEDALIA - Mo.**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE DUTY**

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

MOTHER FATHER { 12. Name **A. J. RYAN.**

13. Birthplace **OHIO.**  
 (City, town, or county) (State or foreign country)

14. Maiden name **MARCIIE HUDSON.**

15. Birthplace **KY -**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Harry Eckart**

(b) Address **Joplin, Mo.**

17. (a) **BURIAL** (b) Date thereof **12-23-40**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ant. Hays Cemetery**

18. (a) Signature of funeral director **Hurlbut**  
 (b) Address **Joplin, Mo.**

19. (a) **12-21-40** (b) **Ed J. James**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Mo** (b) County **JASPER.**  
 (c) City or town **JOPLIN**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **2626 PENN.**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **22**  
 year **1940** hour **12** minute **15 P.M.**

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to **Dec 15**, 19\_\_\_\_  
 that I last saw her alive on **Dec. 20**, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrh.** Duration \_\_\_\_\_

Due to **Senility**

Due to **SAW**

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

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

Of autopsy \_\_\_\_\_

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) \_\_\_\_\_

(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? **372**

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **Ed J. James** (M. D. \_\_\_\_\_)

Address **616 Finley Bldg** Date signed **12-22-40**  
**Joplin Mo**

1/1-50

**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.....

Licensed Embalmer No.....

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.**