

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

FILED MAY 19 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14045

State File No. _____

Registration District No. 89

Primary Registration District No. 5130

Registrar's No. 179

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4 miles N.E. of Naylor
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 70 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler 12

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 4 miles N.E. of Naylor 0
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years 0

3. (a) PRINT FULL NAME EDNA EVELYN BROWN

3. (b) If veteran, name war L

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
year 1941 hour 7 minute 30 P.M.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Wm. H. H. Brown

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Jan 2 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May, 1941, to April 20, 1941; that I last saw her alive on April 120, 1941; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>3</u>	<u>18</u>	hr. _____ min. _____

Immediate cause of death Angina Pectoris

9. Birthplace Ohio Co. 1 Ill.
(City, town, or county) (State or foreign country)

Due to Hypertension and myofibrillar changes

Due to _____

10. Usual occupation House wife

Other conditions chest
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name John Stout

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Mildred Marshall

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy no

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Wm. Brown

(b) Address Naylor, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 4-22-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kinsey

(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? _____

18. (a) Signature of funeral director Minnie Hish

(b) Address Naylor, Mo.

19. (a) 4/21/41 (b) Kate Lutz
(Date received local registrar) (Registrar's signature)

23. Signature H. E. Roberts (M.D. or other) _____
Address Naylor Mo Date signed 4/21/41

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

200

3

RECEIVED

District Health Officer No. 2

District File Number 541-636

Date Filed 5/14/41

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 Bryan C. McCord

Licensed Embalmer No. 4079

P. O. Address Naylor, Mo.

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.